

Mastering Motherhood⁺

MINISTRY LEADERSHIP APPLICATION

Vital Information

Name: _____ Birth Date: ___/___/___ Male ___ Female ___

Address: _____ Email: _____

City: _____ Zip: _____

Contact Phone: _____

Marital Status: Single ___ Engaged ___ Married ___ Divorced ___ Widowed ___

Spouse: _____ Years Married: _____ Ann. Date: ___/___/___

Church History & What You Believe

How long have you regularly attended your Church? _____

Do you give regularly with tithes and offerings? Yes ___ No ___

How many services do you attend monthly? _____

How long have you been a born again Christian? _____

Are you a member of your Church: Yes ___ How long have you been a member: ___ No ___

Do you believe

in the virgin birth and deity of Jesus Christ Yes ___ No ___

that Jesus is God's Son and only sacrifice for sin Yes ___ No ___

that Jesus rose from the grave Yes ___ No ___

that a person must be born again to receive eternal life Yes ___ No ___

in the infallibility of the Holy Bible Yes ___ No ___

List three STRENGTHS you have

1. _____
2. _____
3. _____

List three WEAKNESSES you have

1. _____
2. _____
3. _____

Please list previous church ministries you have been involved in: _____

Please list any gifts, callings, training, education or other factors that have prepared you for ministry:

References:

Please provide the name of two personal references (exclude family members), and one pastoral or Leadership reference

Name	Relationship	Phone No	
1)			
2)			
3)	Pastor or Leadership reference		

By signing below, I certify that the information contained in this application is complete and accurate. I authorize Willoughby Hills Friends Church to contact references provided. Should my application be accepted, I agree to submit to the policies of Willoughby Hills Friends Church, and to refrain from unscriptural conduct in the performance of my services on behalf of Willoughby Hills Friends Church.

Signature of Applicant: _____ Date ___/___/___