

ST. PAUL'S PCA YOUTH MINISTRY ADULT LEADERSHIP TEAM APPLICATION

Thanks for your interest in our youth ministry, and (in advance) for taking the time to fill out this application.

While it's a bit cumbersome, these are important questions that help us know both how to plug you into our ministry and how to provide training to make you the most effective youth worker you can be.

If there's anything we ask here that you don't feel comfortable responding to on paper, we can arrange a personal discussion instead. But please be assured that these applications will be kept strictly confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail (if you have one): _____

Vocation: _____ How long? _____

A) TESTIMONY

Please give a brief account of how you became a Christian: _____

Briefly summarize God's plan of salvation: _____

Why do you want to work with our youth? _____

B) CHURCH BACKGROUND

How long have you attended St. Paul's? _____

Are you a member of St. Paul's? _____ If so, how long? _____

If not, what are your plans regarding membership? _____

If you have been a member at St. Paul's for less than 3 years (or if you are not currently a member), please provide the following information:

Name of last church attended: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Were you a member? _____

Name of church leader contact: _____ (title) _____

C) YOUTH MINISTRY BACKGROUND

Have you ever participated as a youth leader in the past? _____

If yes, please provide the following information:

Name of church: _____ Phone: _____

Name of youth pastor/youth leader: _____

Briefly describe how you were involved: _____

What did you most enjoy about this ministry? _____

What did you least enjoy? _____

What ministry are you most interested in working with at St. Paul's?

Middle school group

High school group

Leading a weekly small group

Sunday School

Other: _____

D) PERSONAL BACKGROUND

If you must answer yes to any of the following questions, please give a detailed explanation on separate paper (Checking 'yes' does not automatically disqualify you from consideration):

Are you, or have you ever been, under church discipline? Yes No

Have you ever been convicted of any criminal act more serious than minor traffic offenses? Yes No

Have you ever been involved in, accused of, or arrested for sexual molestation, physical, or emotional abuse of a child, or do you feel you have a tendency toward any of these? Yes No

Have you ever been terminated from voluntary service in a church or other service organization? Yes No

Currently or in your past, have you struggled with, been advised to receive treatment, or received medical or psychological treatment for any of the following (*see next page*):

- Chemical or substance abuse? Yes No
- Eating disorders? Yes No
- Emotional breakdown? Yes No
- Pornography? Yes No
- Suicidal tendencies? Yes No
- Psychological disorders? Yes No
- Do you have any medical conditions that might affect your ability to work with students? Yes No
- Can you think of anything else in your background that might affect your ability to work with students? Yes No

E) CHRISTIAN WALK

Rate yourself honestly in these areas to the best of your ability:

- 1) My walk with God: _____

Growing	Sporadic	Slow	Stagnant
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- 2) My prayer life: _____

Meaningful	Progressing	Struggle	Empty
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- 3) My devotional life: _____

Consistent	Sporadic	Lacking	Nonexistent
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F) PERSONAL CONVICTIONS

Briefly summarize your personal convictions and habits (if applicable) regarding:

- 1) Alcohol Use: _____

- 2) Dating standards: _____

- 3) Handling conflict between you and another person: _____

- 4) Personal entertainment (movies, TV, social activity): _____

- 5) Smoking/Tobacco Use: _____

CHARACTER REFERENCES

Please provide the following references:

A Friend:

Name: _____
Address _____ Phone (day): _____
City: _____ State _____ Zip _____ Phone (night): _____
How long has this person known you? _____

A Church Leader:

Name: _____ Title: _____
Address _____ Phone (day): _____
City: _____ State _____ Zip _____ Phone (night): _____
How long has this person known you? _____

General Reference:

Name: _____ Relationship: _____
Address _____ Phone (day): _____
City: _____ State _____ Zip _____ Phone (night): _____
How long has this person known you? _____

APPLICANT'S STATEMENT AND PERMISSION RELEASE

The information contained in this application is correct to the best of my knowledge. I am giving my authorization to St. Paul's Presbyterian Church or its representative to verify the information on this application and to contact my references or the appropriate governmental agencies. Should my application for leadership be accepted, I agree to be bound by the policies of both St. Paul's Presbyterian Church and its youth ministry.

Signature: _____

Date: ____/____/____