

First Assembly of God Ministry Application

I. General Information

Name: _____ Phone: _____

Address: _____ E-Mail: _____

City, Zip Code: _____ Work Phone: _____

Other States in which you have lived: _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____

II. Spiritual History

Have you been baptized in water? Yes: _____ No: _____ If yes, when? _____

III. Church History

How long have you attended First Assembly of God? _____

Name of previous church you attended: _____

Name of Pastor: _____

IV. Background Information

Have you ever been charged, or convicted of a felony or misdemeanor? Yes: _____ No: _____

Has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment? Yes: _____ No: _____

Have you ever had your employment terminated for reasons related to allegations of physical or sexual abuse or sexual harassment? Yes: _____ No: _____

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment? Yes: _____ No: _____

If you are a student, have you ever been reprimanded in school for harassment of another individual or other inappropriate behavior with another individual? Yes: _____ No: _____

Is there anything in your past that might come up as a questionable issue? Yes: _____ No: _____

If yes, please explain: _____

V. Ministry Information

Areas of ministry you are interested in:

Adults:____ Youth:____ Children:____ Nursery:____ (Check all that apply)

On what date would you be available?_____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities or which would require a reasonable accommodation? Please explain. _____

**Please list two (2) previous church work references who have witnessed or overseen your ministry. If Helena First Assembly is your first ministry experience, please note below.*

Church City, State	Contact and Phone#	Type of ministry	Years Served	Age Group
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list two (2) personal references who can provide a character reference.*

Personal (non-related) City, State	Contact and Phone#	Type of relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

VI. Applicant's Statement and Authorization:

The information contained in this application is correct to the best of my knowledge. I authorize First Assembly of God and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize any references or churches listed in this application to give you any information they may have regarding my character and I release all such references and churches from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and Policies of the First Assembly of God Church, Helena, Mt, and to refrain from unscriptural conduct in the performance of my services on behalf of the afore mentioned church.

Applicant Signature

Date

Witness

Date

For office use only:

Date received in the office: _____

Reviewed by: _____

Forward Copy to: _____

Criminal Records Check Authorization

I hereby request the Montana Department of Justice to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release said Department of Justice from any liability resulting from disclosure of this request.

Signature

Print First, M.I. & Last Name

Male ___ Female ___ Race: _____

Print Maiden Name

Print All Aliases

Date of Birth

Today's Date

PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE

Return Completed Form To:

First Assembly of God
2210 Dodge Ave.
Helena, MT 59601

Office use only:

Date cleared: _____

Initials: _____

(Please attach copy of report)