

STUDENT MINISTRY APPLICATION

Parkview Community Church

764 St. Charles Road ■ Glen Ellyn, IL 60137

The desire of Parkview is to provide the safest and most secure environment for the individuals entrusted to our care. With this in mind, please complete and return this application to the ministry head upon completion.

Part 1

GENERAL INFORMATION

Date _____

Name _____ Birth date ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Email _____ Cell Phone () _____

CHURCH INFORMATION

Have you personally accepted Jesus Christ as your Lord and Savior? Yes No

Please tell us a little about your spiritual journey to date: _____

Do you regularly attend Parkview? Yes No If yes, since when: Month _____ Year _____

Are you a member of Parkview? Yes No

In what area(s) of Parkview are you currently serving? _____

PERSONAL STATUS

Are you ... Single Married Divorced Widowed

Do you have children? Yes No If "yes" how many children? _____

Name of spouse (if applicable) _____

If you answer "yes" to any question below, please attach additional details on a separate sheet.

● Do you have any physical disabilities or conditions preventing you from performing certain types of activities? Yes No

● Have you ever been convicted of a crime, or been charged with, arrested for, or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime? Yes No

● Have you ever had an addiction (i.e. to alcohol, drugs, pornography, etc...)? (If yes, please describe your recovery process, including current status) Yes No

● Are there any circumstances involving your lifestyle or your background that would call into question your ability to serve in the capacity you're applying for at Parkview? Yes No

● Do you have anything on your social media that would reflect poorly on Parkview's student ministries? Yes No

SPIRITUAL GIFTS

Please check the top 3 you feel you possess.

- | | |
|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Giving |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Helps |
| <input type="checkbox"/> Craftsmanship | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Intercession |
| <input type="checkbox"/> Discipleship | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Encouragement | <input type="checkbox"/> Mercy |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Wisdom | <input type="checkbox"/> Other _____ |
| | _____ |

INTERESTS & TALENTS

Please check all that apply.

- Artist/Design
- Lighting
- Computer Skill
- Drama
- Multi-media
- Praise & Worship
- Event Planning
- Photography
- Other _____
- _____

EMPLOYMENT HISTORY

Present Employer _____ Supervisor _____
Position (s) Held _____ Full Time Part Time
Employment Dates: Starting _____ Ending _____

EDUCATION

High School _____ Graduation Year _____
College _____ Major _____
Other Schooling _____

PRIOR WORK WITH STUDENTS

I desire to serve in Parkview's student ministry because... _____

Please list all previous work involving youth (please include church and non-church type of work):

The information contained in this application is correct to the best of my knowledge. I understand that failure to provide accurate information may result in my application being denied. Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my service on behalf of the church.

Signature _____ Date _____