

Point of Grace

MINISTRIES

Application for Ministry

This application is designed for all those interested
in involvement in the ministries of

Point of Grace Ministries
500 Commons Drive
Birmingham, Alabama 35209
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Application for Ministry

What do I fill out this application?

1. If you are planning to be involved in ministry at Point of Grace Ministries, then you must complete each area completely and to the best of your knowledge.
2. If you are interested in working with children or youth, then you must complete an children's or youth specific ministry application which will require a background check. Otherwise, no background check will be necessary for your application.
3. Please sign and date the Release and Authorization Form and the Applicant's Statement, notice that the applications statement must be signed in the presence of a witness (Pastoral Staff or Elder).
4. Please turn the completed application info team leader or pastoral staff.

Application for Ministry

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision of minors. It is being used to help the church provide a safe and secure environment for our children and youth who participate in our programs.

Date: _____ Position of Interest: _____

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: () Male () Female

Home Phone: _____ Work/Cell: _____

Birthday: _____ Email: _____

() Married () Single () Divorced () Widowed

Spouse's Name (if applicable): _____

Spouse's Birthday: _____ Anniversary: _____

Will your spouse be involved in youth ministry (if applicable)? () Yes () No

Children's Names and Birthdays: _____

If you have ever been divorced briefly described the circumstances of your divorce and the date?

EMPLOYMENT INFORMATION

Present employer: _____ Position: _____

Can you be contacted at work? () Yes () No If yes, work phone: _____

Can your employer be used as a reference? () Yes () No Contact: _____

SPIRITUAL INFORMATION

Are you a member of Point of Grace Ministries? () Yes () No

How long have you attended Point of Grace Ministries? _____

Have you been born again? () Yes () No

Date of Salvation: _____ Location: _____

Have you filled with the Holy Spirit (according to Acts 2:4)? () Yes () No

Have you been baptized in water? () Yes () No Date: _____

Have you ever led an individual to Christ? () Yes () No

Do you tithe on a consistent basis to Point of Grace Ministries? () Yes () No

Do you Believe:

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | In the virgin birth and deity of our Lord Jesus Christ? |
| ___ | ___ | That Jesus is the Son of God and the only sacrifice for sin? |
| ___ | ___ | That man must be born again to receive eternal life? |
| ___ | ___ | In Heaven as the eternal reward for the believer? |
| ___ | ___ | In Hell as the eternal damnation for the lost? |
| ___ | ___ | In the second coming of Jesus Christ? |
| ___ | ___ | In the infallibility of the scriptures? |
| ___ | ___ | That divine healing is part of redemption's purchase and is God's will for all who believe? |
| ___ | ___ | That Jesus arose bodily from the dead on the third day? |
| ___ | ___ | In the infilling of the baptism of the Holy Spirit? |
| ___ | ___ | That speaking in tongues is the initial physical evidence of the baptism in the Holy Spirit? |
| ___ | ___ | In living a life of godliness and holiness according to the scriptures? |

Discipleship Classes

YES NO

- | | | |
|--|-----|-----|
| I have completed Pastors' Class (101) | ___ | ___ |
| I have completed Discover Your Destiny (201) | ___ | ___ |
| I have completed Developing Your Destiny (301) | ___ | ___ |

List (name and location) of other churches you have attended regularly during the past five years.

List any spiritual gifts, callings, training, education, or other factors that have prepared you for ministry work. _____

Have you ever led a some one to Christ? () Yes () No

Have you ever helped a some one receive the Holy Spirit? () Yes () No

Have you ever been involved in ministry before? () Yes () No

If yes, in what areas and churches? _____

PHYSICAL INFORMATION

Do you have any physical handicaps or special physical/emotional/mental needs that might deter, hinder or prevent you from performing certain types of activities relating to any type of work?
If so, please explain. _____

Are you currently under the care of a physician of any kind? () Yes () No

If so, please explain. _____

Are you presently taking medication? () Yes () No

If yes, please explain: _____

Do you use or have involvement with the following?

YES NO

___ ___ Use tobacco (smoke or smokeless)

___ ___ Drink alcoholic beverages

___ ___ Use illegal drugs

___ ___ Use profane language

___ ___ View pornography

___ ___ Been involved in a homosexual relationship in the last five years?

___ ___ Currently have any communicable diseases (including HIV or AIDS)?

Do you have a criminal recording reflecting any conviction of any felon or misdemeanor involving moral turpitude or any type of violence or violent crime? () Yes () No

If yes, please explain. _____

Have you ever been charged, either formally or informally, of any action of moral turpitude or violence? () Yes () No

If yes, please explain. _____

MINISTRY INTERESTS

Please circle all areas in which you are interested in ministering.

- | | | |
|-----------------|---------------------------|-----------------------------|
| Art | Fundraising | Praise and Worship |
| Audio/Media | Game/Activity Preparation | Publications |
| Chaperoning | Greeter/Usher | Puppet Team |
| Youth Choir | Helping w/ Special Needs | Registration |
| Computer Skills | Intercessory Prayer | Set Construction/Decoration |
| Costume/Clowns | Musical Instrument | Sewing |
| Crafts | Office Skills | Set-up/Tear down |
| Dance | Outreach | Storytelling |
| Donations | Painting | Teaching assistance |
| Drama | Party Hosting | Teaching class |
| Food Service | Photography | VBS/Kid's Crusades |

REFERENCES

Please supply three personal references (no relatives or employees):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Pastoral Reference (past or present): _____

Address: _____

Phone: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for ministry at Point of Grace Ministries. I further authorize Point of Grace to utilize the information contained in this application to conduct a reasonable investigation of my background, suitability and fitness for ministry at Point of Grace Ministries.

I hereby release the references provided herein and Point of Grace Ministries from any liability for any damage, physical/emotional/mental, that may result from furnishing such evaluation to Point of Grace Ministries, and I waive any right that I have to inspect the references provided on my behalf.

Furthermore, I understand that none of the information collected as a result of this application will be disseminated by Point of Grace Ministries or agents acting on its behalf to any third person, except at the expressed written consent and interest of the applicant.

Should my application be accepted, I agree to be bound by the Statement of Faith, Doctrinal Commitments, order of discipline, religious tenants, constitution, by-laws and all written policies of Point of Grace Ministries, and to refrain from unscriptural conduct in the performance of my services to or for the benefit of Point of Grace Ministries.

Should my application not be accepted, I understand that it is strictly because my application did not meet the requirements necessary to fulfill a ministry/leadership position at Point of Grace Ministries, and in no way disqualifies me as a part of the body and family of Point of Grace. I further understand that should my application be denied, there would be specific explanation of the reasons for its denial and opportunity for future application should the reasons explained be resolved.

Applicant's Signature

Witness Signature

Date

Date

RELEASE AND AUTHORIZATION FORM

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch of the National Personnel Records Center, personal references, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, and character references requested to Point of Grace Ministries Ministries. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of the information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

According to the FAIR CREDIT REPORTING ACT, I am entitled to know if my ministry opportunity is denied because of information from a Consumer Reporting Agency. I will be so advised and be given the name of the agency or source of information.

Date: _____

Applicant's Signature

Applicant's Full Legal Name (print)

Previous, Aliases or Maiden Name (if, applicable)

Address

Date of Birth

Social Security Number

Driver's License Number & State

Sworn to and subscribed before me _____ on the
_____ day of _____, 20_____.

Notary Public