



Application for 2010 Engage Teams

FULL LEGAL NAME (Last, First, Middle) _____

NAME YOU GO BY _____ EMAIL ADDRESS _____

SEX: M F AGE _____ DATE OF BIRTH ____ / ____ / _____ SOCIAL SECURITY # _____ - _____ - _____

T-SHIRT SIZE _____ DRIVER'S LICENSE NUMBER _____ ST _____

HAVE YOU EVER USED OR BEEN KNOWN BY ANY ALIASES? YES NO IF SO, WHAT OTHER NAME MIGHT YOU HAVE GONE BY? _____ WHY DID YOU USE AN ALIAS? _____

MARITAL STATUS: SINGLE DIVORCED MARRIED WIDOWED

PERMANENT HOME ADDRESS

CURRENT MAILING ADDRESS

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ PHONE NUMBER () _____

CELL NUMBER () _____

LIST PRIOR ADDRESSES (if different from permanent) AND ANY OUT OF STATE ADDRESSES FROM THE LAST 8 YEARS

ADDRESS _____ FROM _____ TO _____

ADDRESS _____ FROM _____ TO _____

NAME OF SCHOOL ATTENDING _____ HOURS COMPLETED BY SUMMER _____

GRADE POINT AVERAGE _____ EXPECTED DATE OF GRADUATION _____ MAJOR _____

MINOR _____ SPECIFIC MINISTRY CALLING (IF KNOWN) _____

OTHER COLLEGES OR SEMINARIES ATTENDED _____ DEGREES _____

HIGH SCHOOL ATTENDED _____ CITY _____

LIST HIGH SCHOOL ORGANIZATIONS AND HONORS

LIST COLLEGE OR COMMUNITY ORGANIZATIONS YOU BELONG TO, OFFICES HELD, HONORS

HAVE YOU USED ILLEGAL DRUGS WITHIN THE LAST 12 MONTHS? ___ NO ___ YES

HAVE YOU ENGAGED IN SEXUAL ACTIVITY WITH ANYONE (OTHER THAN YOUR SPOUSE) WITHIN THE LAST 12 MONTHS?
___ NO ___ YES

HAVE YOU VIEWED PORNOGRAPHIC MATERIAL WITHIN THE LAST 12 MONTHS? ___ NO ___ YES

HAVE YOU CONSUMED ALCOHOL AS A BEVERAGE WITHIN THE LAST 12 MONTHS? ___ NO ___ YES

HAVE YOU USED TOBACCO PRODUCTS WITHIN THE LAST 12 MONTHS? ___ NO ___ YES

IS THERE ANYTHING IN YOUR LIFE, IF MADE KNOWN, THAT WOULD HINDER YOUR WITNESS OR BE AN EMBARRASSMENT TO YOUR MINISTRY OR THE AGENCY OR GROUP YOU REPRESENT? ___ NO ___ YES

CHURCH HISTORY

CHURCH CONVENTION AFFILIATION: SOUTHERN BAPTIST _____ OTHER _____

PRESENT CHURCH MEMBERSHIP _____ CITY/ST _____

PASTOR'S NAME _____ HOW LONG HAVE YOU BEEN A MEMBER _____

PRIOR CHURCH WHERE YOU HELD MEMBERSHIP _____ CITY/ST _____

CHURCH LEADERSHIP POSITIONS HELD

POSITION _____ VOLUNTEER PAID CHURCH _____

POSITION _____ VOLUNTEER PAID CHURCH _____

POSITION _____ VOLUNTEER PAID CHURCH _____

EMPLOYMENT HISTORY

1. FIRM NAME _____ ADDRESS _____

SUPERVISOR _____ CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ DATES OF EMPLOYMENT: FROM _____ TO _____

TYPE OF WORK PERFORMED _____

REASON FOR LEAVING _____

2. FIRM NAME _____ ADDRESS _____

SUPERVISOR _____ CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ DATES OF EMPLOYMENT: FROM _____ TO _____

TYPE OF WORK PERFORMED _____

REASON FOR LEAVING _____

3. FIRM NAME _____ ADDRESS _____

SUPERVISOR _____ CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ DATES OF EMPLOYMENT: FROM _____ TO _____

TYPE OF WORK PERFORMED _____

REASON FOR LEAVING _____

SPIRITUAL FOUNDATION

1. DESCRIBE BRIEFLY YOUR SALVATION EXPERIENCE WITH JESUS CHRIST AND HOW THAT EXPERIENCE HAS CHANGED YOUR LIFE.

2. HOW HAVE YOU SHARED YOUR FAITH WITH OTHERS?

3. WHEN AND HOW DID YOU REALIZE YOU WERE CALLED TO MINISTRY?

4. WHAT SPECIFIC CALLING HAS GOD PLACED ON YOUR LIFE? (IF KNOWN)

5. WHY DO YOU WANT TO SERVE IN THIS MINISTRY OPPORTUNITY?

6. WHAT ROLE WOULD YOU MOST LIKE TO FILL ON AN ENGAGE TEAM?

____ PREACHER/TEAM LEADER ____ YOUTH ____ CHILDREN ____ WORSHIP

IF YOU HAD TO FILL TWO LEADERSHIP ROLES, WHICH TWO WOULD YOU CHOOSE?

_____ AND _____

MISC. INFORMATION

PARENT INFORMATION

NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

WHAT IS THEIR ATTITUDE CONCERNING YOUR PARTICIPATION ON AN ENGAGE TEAM?

IN CASE OF EMERGENCY, NOTIFY: (If the same as above, write "see above")

NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

RELEASE AND SIGNATURE

BY AFFIXING YOUR SIGNATURE TO THIS APPLICATION, YOU HEREBY AUTHORIZE SBTC TO CONDUCT A CRIMINAL BACKGROUND CHECK AND SUCH OTHER BACKGROUND CHECK AS SBTC DEEMS APPROPRIATE. SINCE YOU WILL BE WORKING WITH CHILDREN AND OTHER POTENTIALLY VULNERABLE PERSONS, SBTC HAS A LEGAL OBLIGATION TO DETERMINE YOUR SUITABILITY TO BE SELECTED FOR THIS MINISTRY.

A PHOTOCOPY OF YOUR DRIVER'S LICENSE, CAR INSURANCE AND MEDICAL INSURANCE VERIFICATION MUST ACCOMPANY THIS FORM IN ORDER TO COMPLETE THE APPLICATION PROCESS.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM ALLOWED TO WORK WITH YOUTH OR CHILDREN, I AGREE TO BE BOUND BY THE BYLAWS AND POLICIES OF THE ENGAGE TEAM PROGRAM, SOUTHERN BAPTISTS OF TEXAS CONVENTION AND HOST CHURCH, AND TO REFRAIN FROM ANY AND ALL UNSCRIPTURAL CONDUCT IN THE PERFORMANCE OF SERVICES WHILE PARTICIPATING IN THE ENGAGE TEAM PROGRAM. I UNDERSTAND THAT IF I AM DEEMED BY THE SBTC STUDENT EVANGELISM ASSOCIATE TO BE IN VIOLATION OF APPROPRIATE CHRISTIAN CONDUCT AND/OR IN SOME MANNER HINDERING TO THE WORK OF THE TEAM, THEN I MAY BE IMMEDIATELY DISMISSED FROM THE PROGRAM WITHOUT WARNING OR NOTICE.

APPLICANT'S SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____