

**CrossRoads Church  
Ministry Application**

Date: \_\_\_\_\_ Department: \_\_\_\_\_

<b>Personal Information:</b>	
Name: _____	Date of Birth: _____
Address: _____	
City/State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____
Driver's License #: _____	State of License: _____
Social Security #: _____	
Place of Employment: _____	Phone: _____
Marital Status: _____	Spouse's Name: _____

<b>Personal References:</b>	
(Please include at least three, with at least one from CrossRoads Church.)	
Name: _____	Relationship: _____
Address: _____	Phone: _____
Name: _____	Relationship: _____
Address: _____	Phone: _____
Name: _____	Relationship: _____
Address: _____	Phone: _____
CrossRoads Reference: _____	
CrossRoads Reference: _____	

**Ministry History:**

Have you accepted Jesus Christ as your personal Savior? \_\_\_\_\_

Please share your testimony (when and how you came to know the Lord and what this relationship means to you now).

---

---

---

---

---

What are you doing to grow in Christ?

---

---

How long have you attended CrossRoads Church? \_\_\_\_\_

Are you a member of CrossRoads Church? \_\_\_\_\_  
Why or why not?

---

---

Where did you fellowship prior to CrossRoads? \_\_\_\_\_  
Why did you leave your prior church?

---

What type of Ministry or Leadership experience do you have?

---

---

---

---

Please list other areas of talent or interest.

---

---

---

---

“I have read and am in agreement with CrossRoads’ Statement of Faith.”

Signature

Date

**Additional Information**

Have you ever been accused of or arrested for anything other than a traffic violation?  
\_\_\_\_\_ If so, please explain: \_\_\_\_\_

Do you support the ministry of CrossRoads Church by faithful attendance? \_\_\_\_\_

Being in ministry/ leadership here at CrossRoads will require faithfulness and diligence to your commitment. Are you willing to commit to being faithful to this ministry? \_\_\_\_\_

Are you willing to commit to orientation, training and supervision? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Do you drink alcoholic beverages? \_\_\_\_\_  
Do you use non-prescription drugs? \_\_\_\_\_ Are you currently engaged in any conduct that is contrary to the teachings of the Bible? \_\_\_\_\_

Should my application be accepted, I agree to be bound by the bylaws and policies of this church, and to refrain from unscriptural conduct in the performance of my services on behalf of this church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Children's/Youth Ministry:**

*Please complete this section if you are applying for youth or children's ministries only.*

Do you have any health issues that would place the children of CrossRoads at risk?  
\_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Have you ever be accused of any offence against a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No

In what area of children's/youth ministries are you most interested in working?  
\_\_\_\_\_

Age Preference:      Nursery/Toddler      Preschool      Kindergarten  
(Circle as many as apply) Grade 1      Grade 2      Grade 3  
Grade 4      Grade 5      Grade 6  
Middle School      High School

Time Preference:      Sunday 8 am      Sunday 9 am      Sunday 10 am  
Wednesday 7 pm      Special Events      Substitute

I understand that as an individual who works with children and/or youth in the church, or as a church employee, it is my responsibility to report any suspicion of child abuse or neglect. I understand that the report should be made to a Pastoral Staff Member only, and that such reports are strictly confidential. The Pastor will assist with any necessary follow up.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CrossRoads Church  
Background Investigation Consent

I, \_\_\_\_\_ (applicant's complete name), hereby authorize CrossRoads Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with CrossRoads Church.

I release CrossRoads Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

---

Full legal name (printed)

---

Maiden name or other names used

---

Present street address

---

How long?

---

City/State

---

Zip

---

Former street address

---

How long?

---

City/State

---

Zip

---

Date of Birth

---

Social Security #

---

Driver's license #

---

State of license

---

Signature

---

Date