

CONFIDENTIAL

THE BRIDGE MINISTRIES APPLICATION

This application is to be completed by all applicants for any position within The Bridge. It is used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

GENERAL INFORMATION

Date _____
Name _____
Address _____
City/State/Zip _____
Phone: (____) _____
Male Female _____
Birth Date: _____ Marital Status: _____ No. of Children: _____
Spouse's name (*if married*): _____
Anniversary date (*if married*): _____
Alias (or other names you've gone by): _____
Present Employer: _____
Are you a member of The Bridge? _____ How long have you attended ? _____
Have you received Jesus as your Lord & Savior? If yes, where? _____ Year: _____
Have you been filled with the Holy Spirit (*according to Acts 2:4*)? _____
If yes, where? _____ Year: _____
Have you been baptized in water? _____ If yes, where? _____
Do you give tithes & offerings on a regular basis to The Bridge? _____
Have you completed all required classes? _____
Do you regularly attend Bible Study on Friday nights? _____
Bible Study Leader: _____
Have you ever completed a Bridge Ministry Application before? _____ Yes _____ No
If yes, for what department? _____ And when? _____

DO YOU BELIEVE

YES	NO	
<input type="radio"/>	<input type="radio"/>	In the virgin birth and deity of our Lord Jesus Christ?
<input type="radio"/>	<input type="radio"/>	That Jesus is God's Son and the only sacrifice for sin?
<input type="radio"/>	<input type="radio"/>	That man must be born again to receive eternal life?
<input type="radio"/>	<input type="radio"/>	In eternal reward for the believer? (Heaven)
<input type="radio"/>	<input type="radio"/>	In eternal damnation for the lost? (Hell)
<input type="radio"/>	<input type="radio"/>	In the infallibility of the scriptures?
<input type="radio"/>	<input type="radio"/>	That divine healing is part of redemption's purchase and is God's will for all who believe?
<input type="radio"/>	<input type="radio"/>	Do you believe in the rapture of the church prior to the 7-Year Tribulation?
<input type="radio"/>	<input type="radio"/>	That Jesus arose bodily from the dead?
<input type="radio"/>	<input type="radio"/>	In the infilling of the Holy Spirit?
<input type="radio"/>	<input type="radio"/>	That speaking in tongues is the initial physical evidence of the Baptism in the Holy Spirit?

LIFESTYLE QUESTIONS

List (name and address) of other churches you have attended regularly during the past five years: _____

List any gifts, callings, training, education, or other factors that have prepared you for Christian service: _____

Have you ever led anyone to Christ? _____
Have you ever helped anyone receive the Holy Spirit? _____
Have you ever been involved in any ministry before? _____
If yes, in what areas? _____

With what church or organization? _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to helps ministries? ___Yes ___No

If yes, please explain: _____

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? ___Yes ___No
(This will be referenced according to local and national listings)
If you answered yes, please explain: _____

Since your personal experience with salvation, have you engaged in an extra-marital affair? An extra-marital affair is defined as any sexual relationship outside the bonds of marriage. Marriage is defined as a spiritual and legal covenant between a biological man and a biological woman. Or are you currently actively involved in a sexual relationship if you are not married? ___Yes ___No
If Yes, please explain: _____

Do you presently have any communicable diseases (including HIV or AIDS)? ___Yes ___No
If yes, please explain: _____

Do you smoke? _____ Drink? _____ Use illegal drugs? _____

INDICATE AREAS OF INTEREST

***If you mark more than one area, please put a number to indicate the order of your preference.*

	Audio / Video
	Media Team
	Hospitality
	Nursery (6 weeks to 2 years)
	Kidz (3 –11 years)
	Follow Up Ministry
	Hospital Visits
	Cleaning
	Usher
	Greeter
	Youth
	Alter Worker
	Outreach
	Other:

Why do you want to be involved in The Bridge ministry?

Any additional information you feel would be beneficial for us to be aware of as we consider your application for ministry?

PERSONAL REFERENCES

(not employees or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

PASTORAL REFERENCE

(Former Senior Pastor, Associate Pastor or Ministerial Supervisor)

(Fill out if you have attended another church in the past 2 years.)

Name: _____

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 helps ministries. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to be bound by the constitution and by-laws and policies of The Bridge, and to refrain from unscriptural conduct.

Applicant's Signature: _____

Date: _____

Print Name Clearly: _____

Connect Group Leader's Signature: _____

Date: _____

(Do not write below this line. For office use)

- Approved
- Not Approved

Date: _____

Comments:

Pastor's Signature: _____

Date: _____

Interviewer:

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