

Application

DIRECTIONS

Print out the application and complete it. Mail your application to EMERGE, PO Box 77211, Charlotte, NC 28271. Your application must include the following:

- \$20.00 nonrefundable application fee
- Recent photo
- Signed volunteer screening form

GENERAL INFORMATION

First Name _____ Middle _____ Last _____
 DOB ____/____/____ T-Shirt Size: S M L XL XXL Gender: ____ Male ____ Female
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email address _____
 Marital Status: ____ Single ____ Engaged ____ Married ____ Divorced ____ Remarried
 Date of Salvation _____ Have you been through our Growth Track? _____

PERSONAL INFORMATION

Answer the following questions. Use an additional sheet of paper, if necessary.

Describe how and why you became a Christian _____

Give an overview of your spiritual journey _____

Describe your present relationship with the Lord and the time you spend with Him _____

Do you know what ministry God has called you to? If yes, what is it? _____

What would you like to accomplish through the Emerge School of Ministry? _____

List three of your strengths and explain _____

List three of your weaknesses and explain _____

INTERESTS

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Worship Ministry | <input type="checkbox"/> Technical | <input type="checkbox"/> Ushers/Greeters |
| <input type="checkbox"/> Student's Ministry | <input type="checkbox"/> Production | <input type="checkbox"/> Website | <input type="checkbox"/> Small Groups |
| <input type="checkbox"/> Singles | <input type="checkbox"/> Teaching | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Missions | <input type="checkbox"/> Drama/Art | <input type="checkbox"/> Video | _____ |

BACKGROUND

List any gifts, callings, training, education or other factors that would enhance your ministry_____

Do you have any physical or mental handicaps or conditions that would prevent you from performing certain types of activities? If yes, please explain_____

Are you currently on any type of medications? If yes, what are they?_____

Have you ever been convicted of a crime other than a traffic violation? If yes, please explain_____

EDUCATION

High School_____ Year Graduated_____

College (if applicable)_____ Year Graduated_____

Degree Earned:_____

CURRENT EMPLOYMENT

Company_____ Position Held_____

REFERENCES

Please list two references that you have known for more than a year

Name_____ Phone_____

Name_____ Phone_____

MINISTRY REFERENCE

What church do you currently attend_____

How long have you attended?_____

Are you involved in the church?_____ If yes, what do you do?_____

Pastor_____ Phone_____

Do you accept, understand and agree with the mission, vision and statement of faith of Life Church Charlotte?

- Yes No

Do you agree to keep the Honor Code?

- Yes No

Do you understand that disagreement with our mission, vision or Statement of Faith or failure to keep the Honor Code might result with your expulsion from the Emerge School of Ministry?

- Yes No

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references or churches listed in this application to give you any information and opinions they may have regarding my character and fitness for ministry. I release any individual, church, organization, charity, employer, reference, or any other person or organization from any and all liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect the reference provided on my behalf. Should my application be accepted I agree to be bound by the constitution, by-laws, and policies of Life Church Charlotte and to refrain from unscriptural conduct in the performances of my services on behalf of the church.

Signature

Date



VOLUNTEER SCREENING AUTHORIZATION

In connection with my application for volunteer service with EMERGE SCHOOL OF MINISTRY and LIFE CHURCH CHARLOTTE, I authorize LIFE CHURCH CHARLOTTE and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that LIFE CHURCH CHARLOTTE may conduct inquiries into my background that my include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by LIFE CHURCH CHARLOTTE or ACCUFAX, Div., Southvest Inc., their agent for purposes obtaining background report information, to furnish the above mentioned information.

I release LIFE CHURCH CHARLOTTE, their respective employees or ACCUFAX Div., Southvest Inc., their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested By

PLEASE PRINT

Last Name _____
First Name _____
Date of Birth _____ City of Birth _____
State of Birth _____ County of Birth _____
AKA/Maiden Name _____
Social Security Number _____

Current physical address (cannot be a rural route or post office box)

City _____ County _____ State _____ Zip _____

Previous Address _____

City _____ County _____ State _____ Zip _____

How long at this address (Months/Years) _____

Previous Address _____

City _____ County _____ State _____ Zip _____

How long at this address (Months/Years) _____

Applicant Signature _____ Date _____