

Must be postmarked by
January 31, 2012 to be
considered a candidate

Candidate Information Sheet

Annandale Evangelical Free Church
c/o Youth Pastor Call Committee
10252 Hwy 55 NW, Annandale, MN 55302
(320) 274-8951 office@annandalefree.com

Date _____

Name _____ Phone _____

Address _____ Email _____

Date of birth _____ Marital Status: Single Married Divorced Widowed Remarried

If married, describe your spouse's attitude and feelings regarding youth ministry:

Children:

Name	Age	Marital Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Information:

Schools Attended	Date Graduated	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

When would you be able to start? _____

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Ministry Experience

1.) Name and Address of Church or Organization Served	
<i>Phone number</i>	<i>Date of service</i>
<i>Type of ministry</i>	
<i>Names, address, and phone number of people familiar with your ministry</i>	
2.) Name and Address of Church or Organization Served	
<i>Phone number</i>	<i>Date of service</i>
<i>Type of ministry</i>	
<i>Names, address, and phone number of people familiar with your ministry</i>	
3.) Name and Address of Church or Organization Served	
<i>Phone number</i>	<i>Date of service</i>
<i>Type of ministry</i>	
<i>Names, address, and phone number of people familiar with your ministry</i>	
4.) Name and Address of Church or Organization Served	
<i>Phone number</i>	<i>Date of service</i>
<i>Type of ministry</i>	
<i>Names, address, and phone number of people familiar with your ministry</i>	

In what ministries, activities, boards or organizations are you presently involved?

If you are seeking a change from your present ministry, why?

Please list all outstanding debts:

Relate your salvation experience:

Do you subscribe to the doctrinal statement of the Evangelical Free Church of America?

Yes, please sign the attached statement and return

No or with reservation

explain _____

What is your philosophy of youth ministry? _____

Why do you want to be youth pastor of Annandale Evangelical Free Church? _____

In what area of ministry are you most effective and why? _____

What are your views on homosexuality, sex before marriage and extra-marital sex?

How does your faith affect your daily life?

What are your views regarding Christians using alcohol, tobacco, and non-prescription drugs?

What are your views regarding contemporary Christian music?

What would you like to be remembered for when your life on earth is over?

This information must be completed in full

Personal Reference:

Name _____

Phone (day) _____ Phone (evening) _____ Email _____

Address _____ City _____ State _____ Zip _____

Church Leader Reference:

Name _____

Phone (day) _____ Phone (evening) _____ Email _____

Address _____ City _____ State _____ Zip _____

Pastor Reference:

Name _____

Phone (day) _____ Phone (evening) _____ Email _____

Address _____ City _____ State _____ Zip _____

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Annandale Evangelical Free Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including records custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

I am willing that a photocopy of this authorization be accepted with the same authority as the original and this release expires five years after the date of origination.

Signature

Date

Print your full name

Driver's License Number

Date of Issue

Confidential

Have you ever been convicted of a crime other than traffic or parking violations? _____

If yes, please explain

Have you ever been charged with child and/or adolescent abuse, sexual abuse, physical abuse, incest, or making obscene phone calls? _____

If yes, please explain.