

## First Year Leadership Subsidy Application

Please complete application and email to [go@hpbaptist.net](mailto:go@hpbaptist.net).

Date Submitted: \_\_\_\_\_

\*Submission deadline for this form is either April 1 (May consideration) or December 1 (Jan./Feb. consideration).

Earliest Possible Start Date of Service: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Current Church Membership: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_

Intended Ministry for Service\*: \_\_\_\_\_

Intended Ministry Supervisor\*: \_\_\_\_\_

(\*If Ministry Service/Supervisor is undetermined, these can be left blank at time of application. Placement where the ministry supervisor is an immediate family member is not recommended.)

### Personal Information:

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Married:      Yes                  No

If yes, please include spouse's name: \_\_\_\_\_

Children:      Yes                  No

If yes, please include names: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Special Health Conditions: \_\_\_\_\_



## Education History:

School	Dates Attended	Degrees Received/Coursework Completed

## Additional Information/History:

Baptized:    Yes                      No

If yes, baptizing church: \_\_\_\_\_

Ordained or Licensed Minister:    Yes                      No

If yes, date and location of ordination/licensure: \_\_\_\_\_

## Testimony and Personal History

### Please attach the following to this application:

1. Your personal testimony (Christ's work in you) that you hope to share during your ministry.
2. The spiritual gifts God has given you and how you believe they may be used in your ministry.
3. List any relevant ministry skills and ministry experience.
4. Explain how you are involved in evangelism to non-believers and include a recent experience of sharing your faith.
5. Describe a discipling relationship you are in currently.
6. Share your sense or understanding of your personal call to ministry.

### Please answer the following questions "yes" or "no." (A "yes" answer does not necessarily disqualify you but follow up may be needed.)

\_\_\_\_\_ Have you ever been convicted of a felony or a misdemeanor?

\_\_\_\_\_ Have you ever been diagnosed or treated for a psychological/emotional disorder?

\_\_\_\_\_ Have you used illegal drugs within the last 12 months?

\_\_\_\_\_ Have you engaged in sexual activity with anyone (other than your spouse) within the last 12 months?

\_\_\_\_\_ Have you viewed pornographic material within the last 12 months?



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- \_\_\_\_\_ Have you consumed alcohol within the last 12 months?
- \_\_\_\_\_ Have you used tobacco products within the last 12 months?
- \_\_\_\_\_ Is there anything in your life, if made known, that would hinder your witness or be an embarrassment to your ministry or the church or group you represent?

***You may use this space to clarify responses above or attach separately:***

## Personal and Ministry References

Please **submit** three (3) letters of reference with your application: one (1) personal reference and two (2) ministry references are needed. They can be included with this application or emailed separately to [go@hpbaptist.net](mailto:go@hpbaptist.net).

## Support Structure

We believe that a strong support structure is important as you serve. Please list the name of an individual who will be checking in with you on a regular basis.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

What type of support structure will you have in place? (ex. family, sending church, prayer group, etc.)

## For Requesting Church to Complete:

Please attach a list of responsibilities and general ministry plan for the applicant.



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