

Summer or Semester Appointment Application

Please complete application and e-mail to go@hpbaptist.net.

Category of Application:

Summer Appointment

Semester Appointment

Earliest Possible Date of Service: _____

Date Submitted: _____

*Deadline for this form is 90 days before preferred start date.

Name of Applicant: _____

Current Church Membership: _____

Church Address: _____

Church Phone Number: _____

Dates of Membership: _____

Intended Ministry for Service: _____

Intended Ministry Supervisor: _____

(*If you are open to being matched with any placement, these can be left blank. Also note that placement where the ministry supervisor is an immediate family member is not recommended.)

Personal Information:

Date of Birth: _____ Gender: _____

Phone: _____ Email: _____

Address: _____

Married (Y/N, If yes, please include spouse's name: _____

Children (Y/N, and names): _____

Country of Citizenship: _____

Special Health Conditions: _____



Education and Ministry Background:

Baptized (Y/N. If so, baptizing church): _____

Ordained or Licensed Minister (Y/N. If yes, date and location of ordination/licensure):

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

Education history:

School	Dates Attended	Degrees Received/Coursework Completed

Career or Educational Plans:

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 your ministry skills and ministry experience.
4. Explain how you are involved in witnessing 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 calling 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 an 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?

_____ 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 agency or group you represent?

You may use this space to clarify answers above:

Personal and Ministry References

Please submit letters of reference or recommendation with your application. At least one personal reference and two ministry references are needed. They can be mailed separately or included with this application.

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. For example: Leader/Pastor from your home church.

Name: _____

Phone #: _____

Email: _____

Immediate Supervisor: _____

For requesting church to complete:

What is the general plan for the applicant?