**Seeds of Greatness Ministries**

**Ministry of Helps Application Form - 2021**

Thank you for your interest in serving at Seeds of Greatness Ministries. We appreciate your willingness to engage in this meaningful process and look forward to working with you. The next step is to arrange an interview with you. Please complete the application in its entirety unless an area does not pertain to you.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate the ministry where you want to serve.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Below** |  |  | **Check Below** |
|  |  |
|  | Administrative/Bulletin Team |  | Host/Hostess |  |
|  | Strategic Education Planning Team |  | Music |  |
|  | Seedlings Children’s Ministry (*Birth-12*) |  | My Brother’s Keeper (*MBK*) |  |
|  | Evolution (*Middle School Age*) |  | New Castle County Detention Center |  |
|  | S.W.A.T. Youth Ministry (*Age 13-18*) |  | Nursing Home Ministry |  |
|  | The Bridge (Age 19-29) |  | Outreach |  |
|  | Dominion (*Age 30-39*) |  | Transportation Services *(Parking Lot)* |  |
|  | Crossover (*Age 40-49*) |  | Photography |  |
|  | Favored, Fun & Fabulous (*Age 50-64*) |  | Praise Dance: Word in Motion |  |
|  | Seasoned Saints (*Age 65+*) |  | Prayer |  |
|  | Book Store (*The Seed Shop*) |  | Production/Media |  |
|  | Decorations Team |  | The Way Out (*Addiction Recovery*) |  |
|  | Divorce Care |  | Ushers |  |
|  | Emmaus (*Single Mothers Ministry*) |  | Wives in Training |  |
|  | Entrepreneurs Business Institute |  | Grief Share |  |
|  | Facilities |  | ***I have a desire to serve where needed*** |  |
|  | Health Care |  |  |  |
|  | Event Team (*Hospitality*)  |  |  |  |
|  | Security |  |  |  |

|  |
| --- |
| *For Office Use Only:**SC \_\_\_\_\_\_\_\_\_ EM \_\_\_\_\_\_\_\_ BC \_\_\_\_\_\_\_\_ FI \_\_\_\_\_\_\_\_ Revised 09/2021* |

**Personal Information:**

Are you currently a member of SOGBC Yes No Date joined (*month/year*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
| Email: |  |
| Phone: | Home: Cell/Work:  |
| Best Time to Call: | Morning Afternoon Evening |
| Best Form of Contact: | Phone Email Text |

|  |  |
| --- | --- |
| Do you have children under 18? | Yes No |
| Name(s)/Ages  | 1.2.3.4.5. |
| If married, spouse’s Name: |  |

**Education:**

|  |  |
| --- | --- |
| *High School* |  *Year:* |
| *Undergraduate College* |  *Year: Degree*  |
| *Graduate College* |  *Year: Degree* |
| *Other education/training* |  |

**Qualifications**

***Please respond to the following statement:***

***I am a person of upstanding moral character, whose reputation and current lifestyle is holy and consistent with the teachings of the gospel of Christ.***

 Agree Disagree Would like to discuss

***Have you ever been accused of, are you currently under a charge or have you ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor?***

 Yes No What state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Are you currently under a charge or have you ever been convicted of or pled guilty to possession/sale of controlled substances or of driving under the influence of alcohol?***

 Yes No What state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Are you currently using alcohol or drugs?*** Yes No When and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please list other churches and locations where you have regularly attended over the past five years:***

|  |
| --- |
|  |
|  |
|  |

***Please write a brief statement of how you became a Christian. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Are you baptized in the Holy Spirit (speaking in tongues) according to Acts 2:4?***

 Yes No

***In what activities/ministries of our church are you presently involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience:**

***List any gifts, calling, training, education or other factors that have prepared you for ministry at SOG.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Personal References (Not a former employer or relative)**

1. ***Name, Address and Phone***

|  |
| --- |
| ***Name:*** |
| ***Address:*** |
| ***Phone Number:*** |

1. ***Name, Address and Phone***

|  |
| --- |
| ***Name:*** |
| ***Address:*** |
| ***Phone Number:*** |

**Applicant Statement**

***The information contained in this application is true and correct to the best of my knowledge. I authorize any of the above references or churches to give you any information that they have regarding my character and fitness to work with SOG ministry including youth and children.***

***I hereby certify that I have read and that I understand the attached provisions.***

My signature gives permission to complete and obtain a full background check and information on me.

Other names including a maiden and other married names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I do commit to inform the leaders of SOGM of any pertinent changes in the status of my life. (Getting married, relocating, committing a crime after the application has been completed, involved in Domestic Violence, etc.)**

* **Attach the form that requests information to complete the full background check.**
* **Attach the gift assessment form.**

***\*\*For use by interviewers only\*\****

***Interview notes***

***Interviewers:***

*Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date interview occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Questions/Notes:*

*Examples:*

*Were they on time? Appearance, Attitude, Experience, etc. What paperwork was shared? Letters, Resume, Portfolio, etc.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant.*

*The church must keep this completed form on file for at least five years after requesting a background check.)*

In the interest of safety and security I, the undersigned applicant (also known as “consumer”), authorize**­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

*Seeds of Greatness Ministries*

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if such is made within a reasonable time from the date it was produced. I

*Seeds of Greatness Ministries*

also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identifying Information for Background Information Agency**

**(also known as “Consumer Reporting Agency”)**

# Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

 Other Names Used (alias,maiden,nickname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street /P. O. Box City State Zip Code County Dates

Former Address**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issuance: \_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_