



## Impact Campus Ministries Staff Application Form

### GENERAL:

Name \_\_\_\_\_

Current Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### FAMILY:

Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Names and dates of birth \_\_\_\_\_

If not married:

• Do you have specific plans for marriage? \_\_\_\_\_

• Father's name and address \_\_\_\_\_

• Mother's name and address \_\_\_\_\_

**CHRISTIAN FAITH:** *Please attach a separate page with a short narrative of your relationship with Jesus, how you follow the Holy Spirit presently and where you see God leading you in your life. Also describe how you regularly connect with God.*

Date and place of your baptism (immersion) \_\_\_\_\_

What is the name & address of the church that you attend? \_\_\_\_\_

Your pastor's name and phone

\_\_\_\_\_ ( ) \_\_\_\_\_

Are you a member? \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

How you ever left a church because of a difficult situation (explain)? \_\_\_\_\_

Have you been ordained? \_\_\_\_\_ By whom? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Employer \_\_\_\_\_

What is your job? \_\_\_\_\_

How long do you plan on working for this employer? \_\_\_\_\_

Supervisor's name & phone \_\_\_\_\_

How long have you been with this employer? \_\_\_\_\_

If less than two years:

- Previous Employer \_\_\_\_\_
- What was your job \_\_\_\_\_

**FINANCES:**

Are you in debt? \_\_\_\_\_ How much is your debt? \_\_\_\_\_

What is the reason for your debt? \_\_\_\_\_

What are your plans to liquidate your indebtedness? \_\_\_\_\_

Have you been through a financial planning seminar or program? \_\_\_\_\_

If so, which one? \_\_\_\_\_

Have you ever raised financial support? \_\_\_\_ If so, for what? \_\_\_\_\_

**EDUCATION:**

High School	City and State	Year Graduated

College	Years Attended	Year Graduated	Major

Graduate School	Years Attended	Year Graduated	Major

Special Training	Kind	Years

**MINISTRY:** *Please list any ministry experience.*

Where	When	What Organization

Have you been involved in a campus ministry?

Where	When	What Organization

**PERSONAL EVALUATION:** *attach a separate sheet if needed*

My teaching /discipling ability is \_\_\_\_\_

My greatest anxiety is \_\_\_\_\_

My contribution to a ministry team would be \_\_\_\_\_

I think that some of my strengths are \_\_\_\_\_

I think that some of my weaknesses are \_\_\_\_\_

I want to be in ministry because \_\_\_\_\_

The idea of asking people to financially support me so that I can do ministry makes me feel \_\_\_\_\_

When it comes to ministry, I am most out of my comfort zone when it comes to \_\_\_\_\_

Please describe any tragic events or circumstances in your past \_\_\_\_\_

**REFERENCES:** *Please have the four references listed below (one should be a pastor) fill out & send in a **Personal Reference Form** for you to the address listed below. We suggest you provide an addressed, stamped envelope for them to use.*

1. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

4. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

Your signature on this application indicates that you have waived the right to the information contained in any Personal Reference Forms we receive from your references.

**STAFF EXPECTATIONS:**

Do you agree to work in harmony with Impact's Core Values and Impact's Definition of Success? \_\_\_\_\_ Do you agree with Impact's Doctrinal Statement? \_\_\_\_\_

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

Please note: If accepted, assessment & training may be required before doing ministry with Impact. Depending on the time and place of the training, there will be expenses associated with this.

**MATERIALS TO BE RETURNED WITH APPLICATION:**

- \_\_\_\_\_ 3 pencil drawings by you (on 3 separate pages) of the following:
  - (1) a house (2) a tree (3) a whole person (no stick figures)
- \_\_\_\_\_ a recent photo of yourself or of your family if married
- \_\_\_\_\_ the short narrative page from the Christian Faith section
- \_\_\_\_\_ the medical history form
- \_\_\_\_\_ the screening procedure form
- \_\_\_\_\_ copy of Ordination Certificate

**Send to:** **Jeff Vanderlaan, Director of Staff Development**  
**916 Highland Lake Circle**  
**Decatur GA 30033**  
or send by email to: [jeff.vanderlaan@impacttheu.com](mailto:jeff.vanderlaan@impacttheu.com)