



TEAM MEMBER APPLICATION FORM

Thank you so much for your desire to serve and be a part of the ministry team here at Reflections Church! One of the best ways for our church to represent Jesus Christ in our community is to maintain a high standard for our team members. By doing this, we will be able to serve together in a unified environment and ensure a positive experience for all those whom we minister to.

This application form will allow us to get to know you more and will set proper standards and expectations before you commit to serve. Please review each section and let us know if you have any questions or concerns. Thank you!

STANDARDS & EXPECTATIONS:

1. Strive to live a separated, Christian life and work to keep your home life in order.
2. Support the *Reflections Church Statement of Faith*.
3. Display loyalty to Reflections Church and its Pastoral Staff.
4. Faithfully attend church services, events, and team meetings.
5. Be able to make at least a 6-month commitment.
6. Give at least 30 days notice before resigning a position.
7. Give at least 3 days notice of an absence, when possible.
8. Review and abide by other department-specific guidelines and policies, if applicable.
9. Complete this *Application Form*, as well as a *Background Check Consent Form*.

AGREEMENT:

I have reviewed and completed this application form in its entirety and discussed any questions or concerns with Reflection's Pastoral Staff. I have also read the standards and expectations listed above and pledge to keep them to the very best of my ability.

Signature: _____ Date: _____

Printed Name: _____

IMPORTANT: All information will remain confidential. PLEASE PRINT CLEARLY.

GENERAL INFORMATION

Full Name: _____

Address: _____

City/State/ZIP: _____

Email: _____

Home Phone: _____ Cell Phone: _____

What is the best way to get a hold of you?

Text Email Voicemail

Gender Male Female Date of Birth: _____

Other Names (AKA, Maiden Name, Etc.): _____

Present Employer/Profession: _____

Work Phone: _____

Marital Status: Single Married Divorced Separated Widowed

Spouse's Name: _____

Is your spouse involved at Reflections Church as a team member? Yes No

If so, in what areas? _____

How long have you attended Reflections Church? _____

Have you received Jesus Christ as your personal Lord and Savior? Yes No When? _____

Have you been filled with the Holy Spirit (according to Acts 2:4)? Yes No When? _____

Have you been baptized in water? Yes No When? _____

MINISTRY EXPERIENCE

List any gifts, callings, training, education or other factors that have prepared you for service:

Have you ever led anyone to Christ? Yes No

Have you previously served as a ministry team member? Yes No

If yes, in what areas? _____

If yes, for what church or organization? _____

BACKGROUND INFORMATION

Do you have any limitations or conditions that could prevent you from performing certain types of activities? Yes No

If yes, please explain: _____

Have you been accused of and/or convicted of spousal abuse in any form? Yes No

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

Do you presently have any life-threatening, communicable diseases (including HIV/AIDS)?

Yes No If yes, please explain: _____

Have you used illegal drugs within the last year? Yes No

If you are married, is your spouse in agreement with your serving? Yes No

How long have you lived in Florida? _____ What counties in Florida have you lived in?

Please list the states and counties you have previously lived in since you were 18:

PERSONAL REFERENCES (non family members please)

Name _____

Relationship _____

Phone Number _____

Name _____

Relationship _____

Phone Number _____

DESIRED INVOLVEMENT

Please indicate the areas of ministry where you would like to serve.

FRONT LINE

- Usher
- Greeter
- Check In

WORSHIP MUSIC

- Musician
List Instruments _____

- Vocals

SOUND AND MEDIA

- Audio/Visual
- Information Technology

CARE TEAM

- Home Visitations/Meals
- Hospital Visitations

REFLECTIONS KIDS, CHILDREN'S MINISTRY

- Nursery - 1 to 2 yrs
- Pre-School - 3 to 5 yrs
- Kids Church - 6 yrs to 5th Grade

AIM, YOUTH MINISTRY

- Wednesday Nights
- Youth Events
- 3rd Friday Events

PRAYER & ALTAR MINISTRY

- Intercessory Prayer Team
- Altar Worker

FACILITIES & MAINTENANCE

- Administration
- Supply Management
- Cleaning
- Pre Service Set Up
- General Building/Equip. Maintenance

Other Please Specify:

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize my references or the churches listed in this application to release information they may have regarding my character or conduct in working with other people, including children or youth. I agree to release all such references from liability for any damage that may result from furnishing such evaluations to Reflections Church and I waive my right that I may have to inspect the references provided on my behalf. Upon approval of this application, I agree to honor, to the best of my ability, the policies of Reflections Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Approved Not Approved **Date:** _____

Notes: _____

PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Reflections Church (“Client”), I understand that an “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. §1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history or other background checks. Such reports may be obtained at anytime after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I authorize Client or its authorized agents to obtain or prepare an investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature: _____ Today’s Date: _____

Name Printed: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM.