



YOUTH MINISTRIES ADULT LEADER APPLICATION

Background and Contact Info

Name _____ Phone _____

Home Address _____

Email Address _____ DOB _____

What's your Facebook _____ Instagram _____ Twitter _____ Snapchat _____

Other _____

Circle: Single Divorced Widowed Married Spouse's name _____

Children and ages _____

Occupation _____ Employer _____

College (if currently enrolled) _____ Year _____

College/Campus Ministry Activities _____

Activities/Hobbies that you love _____

Are you a member at Smyrna First UMC Yes _____ No _____

What worship service do you regularly attend? _____

How did you become a part of Smyrna First UMC? _____

Spiritual Background

Please write a brief testimony of when and how you became a Christian. _____

Please describe your current relationship with Christ. _____

What are your spiritual gifts and how are you using them? If you are unsure please use the following link for a spiritual gifts assessment (e-mail us the results): <http://www.umc.org/what-we-believe/spiritual-gifts-online-assessment> _____

How are you being disciple or growing in your faith (i.e. Bible Studies, small group, Sunday School class)? _____

In your own words how does 3 John 5-6 relate to youth ministry: **5** “Beloved, it is a faithful thing you do in all your efforts for these brothers, strangers as they are, **6** who testified to your love before the church. You will do well to send them on their journey in a manner worthy of God.” _____

Ministry Background

What ministries have you been involved with and in what capacity? _____

Will you be continuing with those ministries if selected to be a Youth Ministries Leader? _____

Why do you want to serve as a Youth Ministries Leader with Smyrna First Youth? _____

How do you see yourself best serving with Smyrna First Youth? _____

Are you willing to serve in a different capacity?

Availability: Sunday Morning _____ Wednesday evening _____

Other _____ Retreats/Trips _____

Circle your preference: Middle School High School Specify grade: _____

On a scale from 1-10 (10 being greatest) what is your comfort level:

_____ Teaching	_____ Confronting difficult issues with students
_____ Sharing your testimony	_____ Leading a group to serve local mission
_____ Initiating conversation with students	_____ Using administrative skills to help
_____ Leading a small group	_____ Using media to connect with students
_____ Planning and leading games	_____ Praying aloud with students
Disciplining students	
_____ Event set up/tear down	

Are there important things we should know about you, your family, or your call to ministry that may impact your commitment to Smyrna Youth (relationships/other commitments)? _____

Is there an individual with whom you would like to co-lead a small group? _____ If so, who? _____

References (Non Family Members)

1. Name _____ Phone _____

Email address _____

How do you know this person? _____

2. Name _____ Phone _____

Email address _____

How do you know this person? _____

3. Name _____ Phone _____

Email address _____

How do you know this person? _____

Consent

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to this church or its representatives to release any and all records or information relating to working with minors. The church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker.

I understand that the personal information will be held confidential by the professional church staff.

I also give consent for Smyrna Youth to use pictures and/or videos of me online or in promotional material for the student ministries

I also commit to the following:

- Actively participate in the worship of God at Smyrna First UMC.
- I will serve two to three hours a week to make an impact for God's Kingdom.
- I will pray for, love, and enjoy being around students.
- I will seek patience and guidance when challenges arise in the lives of the students whom God and this ministry entrusts to me.
- I will serve within the boundaries given by the Smyrna First Youth Ministries Team as to my conduct and leadership of students.
- I will attend leadership trainings/enrichments to improve my ministry to students.

Signature _____ Date _____

LEGAL/LIFESTYLE CONCERNS

In caring for students, we believe it is our responsibility to seek an adult leader that is able to provide healthy, safe, and loving relationships. Any special concerns can be discussed individually with the pastoral staff.

Are you using illegal drugs? Yes _____ No _____

Have you ever gone through treatment for alcohol or drug use?

Yes _____ No _____ If yes, please describe: _____

Do you have any habits that would impact your commitment or involvement in student ministry?

Yes _____ No _____

What is your view on drinking alcohol or using drugs? _____

Have you ever been arrested and/or convicted of a crime?

Yes _____ No _____ If yes, please describe: _____

Have you had any sexual relations with any minor after you became an adult? Yes ___ No ___

Have you ever been accused of or convicted of any form of child abuse?

Yes _____ No _____ If yes, please describe: _____

Are you willing to be finger printed for State Criminal Conviction Clearing? Yes ___ No .

Have you ever received psychiatric care that would affect your ability to work with youth?

Yes _____ No _____ If yes, please describe: _____
