

Berkley Hills Community Church Ministry Application

BHCC policy requires everyone, prior to serving in a ministry position, to have an application on file.
Please fill this out and return it to the Ministry Leader where you would like to serve. Thank you.

Date: _____ - _____ - _____ Ministry: _____

First Name: _____ Middle: _____ Last: _____

Maiden: _____ Spouse's Name: _____

Children's Names: _____ M F Birthdate: _____ - _____ - _____
(living at home)

_____ M F Birthdate: _____ - _____ - _____

_____ M F Birthdate: _____ - _____ - _____

_____ M F Birthdate: _____ - _____ - _____

Street Address: _____ Apartment #: _____ City: _____

Zip: _____ Phone: (_____) - _____ - _____ E-Mail: _____ @ _____

If current address is less than 5 years, please list:

Previous address: _____ Apartment #: _____

City: _____ Zip: _____ Phone: (_____) - _____ - _____

The information below regards your spiritual life:

When did you begin attending BHCC? _____ Are you a member? Yes No

What hour do you regularly worship? 9:30 11:00

What are your top three Spiritual Gifts?

1. _____

2. _____

3. _____

What is your passion? _____

What other church activities/ministries are you presently involved in?

Activity/Ministry: _____ Leader: _____

Activity/Ministry: _____ Leader: _____

Please only mark changes:

Ministry Leader: _____

Updated on: _____ - _____ - _____

Name changed to: _____

Spouse's Name: _____

Child's Name: _____

M F D.O.B.: _____

I have a new address:

Street: _____

Apartment #: _____

City, Zip: _____

Phone: _____

E-Mail: _____

Did you become a member in the past year? Yes No

Hour of worship: 9:30 11:00

Spiritual gifts: _____

Passion: _____

Are you interested in serving in any other ministries? _____

How did you come to know Christ personally? How do you maintain your relationship with Him? _____

Why have you chosen to serve? _____

What are your expectations? _____

Where would you like to serve? _____

What special skills/talents do you have? _____

How much time do you have to serve?

___ hours per week ___ hours per month ___ per project

Do you have any physical limitations that need special arrangements in serving? Please Explain:

Medical information we should be aware of: _____

Who should we contact in an emergency? _____

Relationship to you: _____ Phone: _____

Our policy is to obtain criminal background checks. The information requested below is required to do a security check:

Date of Birth: _____ Age: _____

If any of the following situations apply to you, please check below so we may discuss how this may impact your serving at BHCC.

- Arrest Record (convicted of any offense against the law – not minor traffic violations)
- Health Problems (e.g., communicable diseases, emotional disorder, etc.)
- Child Abuse (physical, sexual, neglect, molestation, or exploitation of minor children)
- Substance Abuse (alcohol, prescription and non-prescription drugs)

If any of the above applies, please explain: _____

Please only mark changes:
Where have you seen Christ in your life this past year? What do you do to grow? _____

Why would you like to continue to serve in this ministry? _____

How can we improve this Ministry? _____

Time you can serve this year _____ hrs per week/month/project

Is there anything you need to improve the ministry? _____

Changes in your medical information? _____

Every year we do an additional background check, please let us know if there are any changes in the information you have given us previously:

BHCC Office Use Only

Date Application Received: _____ By Whom: _____

Volunteer Contacted: (date) _____

Comments:

Reference Contacted: (date) _____

Comments:

Orientation/training:

Review:

Three month: (date and comments)

Six month: (date and comments)

One Year: (date and comments)

EXIT DATE: _____

Exit Interview with: _____ Position: _____

Comments: