

CARE PASTOR APPLICATION

Personal Information

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

eMail _____

Marital Status ☐ Married ☐ Divorced ☐ Single ☐ Widowed

Confidential Information

While the following questions may seem personal, they are necessary to evaluate applicants' suitability to serve as Care Pastors. To be sure, your leaders will safeguard these 'need-to-know' data.

Your Occupation _____

Spouse's Occupation _____

Are you faithful in paying your bills on time? ☐ Yes ☐ No

Please explain if you answered "No" _____

Have you ever been convicted of a felony? ☐ Yes ☐ No **If so, when?** _____

Please explain the key details of the felony _____ *Date of Conviction*

If you are married, is your marriage in Biblical order according to Ephesians 5:22-33? ☐ Yes ☐ No

Does your spouse support your serving as a Care Pastor? ☐ Yes ☐ No

Are you aware of anything in your life that may hinder you from serving in a leadership role in a local church? ☐ Yes ☐ No

Please explain if you answered "Yes" _____



Spiritual Information

Are you born again? ☐ Yes ☐ No When were you saved? _____

Are you a member of this church? ☐ Yes ☐ No How long? _____

Do you have a disciplined spiritual life through prayer and study of the Word? ☐ Yes ☐ No

Are you bound by any kind of addiction? ☐ Yes ☐ No

Please explain if you answered "Yes" _____

Ministry Information

In which ministries have you served and/or offices have you held in the past (including those at other churches)? _____

In which ministries do you serve presently? _____

What are the reasons why you want to be a Care Pastor? _____

What training and equipping have you received for being a Care Pastor? _____



Declaration

I declare and testify that

- ☐ Jesus Christ is my Lord and Savior;
- ☐ I willingly will minister in the Care Ministry under the authority of those appointed over me;
- ☐ I will be faithful in this ministry and follow through on the expectations;
- ☐ I will submit myself to further equipping as it is available and to the extent I am able; and,
- ☐ I commit myself to continuing my personal spiritual growth.

Printed Name

Signature

Date

Spouse's Printed Name
(if married)

Signature

Date

You have the option to request up to half of your flock members. (Of course, do not include any of your family members.) Although the ministry leadership will give special consideration to your requests, they also may be unable to honor those.

1. _____
2. _____
3. _____
- _____
- _____
- _____