

**Crossroads Fellowship  
Adult Ministry Leadership Application**

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

☞ Single      Date of birth: \_\_\_\_\_ Number of children: \_\_\_\_\_

☞ Engaged      Name/ Age of children: \_\_\_\_\_

☞ Married      Are you a member of Crossroads Fellowship? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

☞ Divorced      Do you regularly attend the worship service? Yes \_\_\_\_\_ No \_\_\_\_\_

**What programs, classes, activities, or responsibilities are you involved with at Crossroads?**  
\_\_\_\_\_  
\_\_\_\_\_

**Other time commitments:** (i.e. volunteer positions, family commitments, hobbies, etc...)  
\_\_\_\_\_  
\_\_\_\_\_

**I am applying for the ministry position:**  
 Small Group Leader       Sunday Morning Teacher       Ministry Team Leader  
 Small Group Coordinator       Small Group Host       Ministry Team Coordinator

**I am interested in:**  
 Singles       New Couples       Men       Women       Mixed  
 Families       twenty-somethings       Empty Nesters  
 Geographic area (Cary, Wake Forest, etc.): \_\_\_\_\_

**Share two strengths that you can contribute to this ministry.**  
\_\_\_\_\_  
\_\_\_\_\_

**Share two weaknesses that you will need help with in this ministry.**  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to be involved in this ministry?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you going through any difficult or stressful physical or spiritual situations or relationships right now which we need to be sensitive to?** (i.e. job transition, family or marital problems, loss, etc...)  
\_\_\_\_\_  
\_\_\_\_\_



***Confidential Information***

(This section is intended to be a screening safeguard.  
All information given will be held in the strictest confidence.)

**Have you ever received professional counseling or been involved in a support group? Yes \_\_\_ No \_\_\_**  
**If yes, give dates & a brief description.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you been hospitalized for a psychological/psychiatric reason within the past five years?**  
**Yes \_\_\_ No \_\_\_ If yes, please give when/ where/ reason.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently on any medication for psychological reasons? Yes \_\_\_ No \_\_\_**  
**If so, what medications and how long have you been taking them?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been accused of a crime? Yes \_\_\_ No \_\_\_**  
**If yes, what was the offense, the date, and were you convicted?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_