

Ministry of Helps Application

Glad Tidings Church



“Developing biblically sound believers who reflect Christ’s character through worshipping, learning, connecting, serving, and reaching together”

Qualifications for all Glad Tidings Church Helps Ministry Volunteers

Christians who are in places of responsibility in the church are required to be examples in faith, conduct, and business affairs. One of the best ways to present Christ to the people of our community is by maintaining a high standard for volunteers. The following guidelines will be expected of any person who works in ministry at Glad Tidings Church. All information provided on this application will be kept strictly confidential and viewed only by staff members directly related to your placement.

As a General Council affiliated Assemblies of God Church, Glad Tidings Church is aligned with the Assemblies of God Constitution and Bylaws, including Bylaw Article VIII.

“Christian Marriage and Family,” which defines and clarifies our biblical position on marriage. As such, Glad Tidings Church recognizes the biblical basis for marriage as a legal and sacred union between one man and one woman (Genesis 2:24; Matthew 19:4-6). Therefore, Glad Tidings Church does not allow those practicing sex outside of marriage, either heterosexual or homosexual, those identifying as either bi-sexual, transsexual, or transgender, or those involved in a homosexual domestic partnership or legalized same-sex marriage to serve as a volunteer.

REQUIREMENTS

1. Must be in agreement with the beliefs and vision of Glad Tidings Church.
2. Must be loyal to the leadership of Glad Tidings Church.
3. Must be faithful to attend church services regularly.
4. Must authorize a criminal background check *if* serving in the children or youth departments.
5. Must attend all volunteers’ meetings and training as scheduled.

All applicants must complete the questions listed below for any position within Glad Tidings Church. They are used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities. All information given is confidential.

General Information

Name _____ Date _____

Address _____

City/State/Zip _____

Phone (____) _____ Male ____ Female ____

Email _____

Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

Is your spouse involved in a Glad Tidings Church ministry? _____

If yes, where? _____

Present Employer _____

May we call you at work? Yes ____ No ____ Work phone # (____) _____

Christian Experience

Is Glad Tidings Church your home church? Yes ____ No ____

How long have you attended Glad Tidings Church? _____

Have you received Jesus Christ as your personal Lord and Savior? _____

If yes, briefly explain your testimony _____

Have you been baptized in water? Yes ____ No ____

Do You Believe

In the virgin birth of our Lord Jesus Christ? Yes ____ No ____
That Jesus is God's Son and the only sacrifice for sin? Yes ____ No ____
That a person must be born again to receive eternal life? Yes ____ No ____
In a literal heaven and hell? Yes ____ No ____
That the Bible is the true Word of God to humanity? Yes ____ No ____
That Jesus resurrected physically from the dead? Yes ____ No ____

Christian Ministry Experience

List other churches you have attended regularly in the past five years.

Church _____ Dates Attended _____
Pastor _____ City/State _____
Reason for leaving _____

Church _____ Dates Attended _____
Pastor _____ City/State _____
Reason for leaving _____

List any gifts, callings, training, education, or other factors, which have prepared you for Christian service. _____

Have you ever led someone to Christ? _____

Have you ever been involved in Helps Ministries? _____ If yes, explain _____

Why do you want to be involved in the ministries of Glad Tidings Church? _____

Lifestyle Questions

Do you have any limitations or conditions preventing you from performing certain types of activities relating to Helps Ministries? _____ If yes, please explain

Do you use tobacco or consume alcoholic beverages? Yes _____ No _____

Note: Answering yes to this question does not necessarily disqualify one from ministry but may prompt further questions in a personal discussion.

Personal References

No employees or relatives. Please include at least one former senior pastor, associate pastor, or ministerial supervisor.

Name: _____ Address: _____
City/State: _____ Phone: _____

Name: _____ Address: _____
City/State: _____ Phone: _____

Name: _____ Address: _____
City/State: _____ Phone: _____

Applicant's Statement

By my signature I indicate that I have read the requirements stated herein and that I am in full agreement with them. I pledge to keep them to the very best of my ability and I clearly understand that failure to keep any of the requirements listed is grounds for my dismissal. I further acknowledge that all of the information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for Helps Ministries. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the constitution, by-laws, and policies of Glad Tidings and to refrain from unscriptural conduct.

Applicant's signature _____

Date _____

*Required for ministry to Children, Youth, Safety Team, Bookstore, and
Count Team*

Request For Criminal Records Check And Authorization

I hereby request and authorize the Indiana State Police, on behalf of Glad Tidings Church, to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national.

Signature _____

Print Name: First _____ Middle Initial ____ Last _____

Other last name or maiden name _____

Date of birth _____

County of residence _____ Today's date _____