

LOFT LEADER APPLICATION

General Information

Name: _____ Today's Date: _____

Address: _____

Date of Birth: _____ Phone Day: _____

Email: _____ Night: _____

Employer: _____ Occupation: _____

Work Status: part time full time student
Marital Status: single married divorced

Education
High School: _____ year graduated: _____

College / Trade School: _____ year graduated: _____

Degree: _____ minor: _____

Other Education: _____ year graduated: _____

Legal and Lifestyle Concerns

The LOFT youth ministry is whole-heartedly committed to providing a safe environment for our students. We seek to equip, enable and empower adult leaders in caring for our students and help them provide a healthy and nurturing relationship. Please answer the following questions truthfully. Any special concerns can be discussed individually with the ministry staff.

Are you using illegal drugs? yes no

Have you ever gone through treatment for alcohol or drug abuse? yes no
If yes, please describe.

Have you ever been arrested and / or convicted of a crime? yes no
If yes, please describe.

Have you ever had sexual relations with any minor after you became an adult? yes no
Have you ever gone through treatment for alcohol or drug abuse? yes no
If yes, please describe.

Have you ever been accused or convicted of any form of child abuse? yes no
If yes, please describe.

Have you ever been a victim of any form of child abuse? yes no
If yes, would you like to speak to a counselor or pastor? yes no
Are you willing to be finger printed for State Criminal Conviction Clearing? yes no

Ministry

How long have you been a Christian? _____

How long have you attended Cicero Christian Church? _____

Are you a member? yes no

Do you regularly attend Cicero Christian Church at least 3 services a month? yes no

List the date and activities of other ministry experiences here at Cicero Christian Church, and the reasons for ending that ministry.

date started	ministry / activity	date ended	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to do youth ministry? _____

What strengths do you have and how would you use them in the youth ministry? _____

What are some of your expectations of the youth ministry staff? _____



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love flows
like a river

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