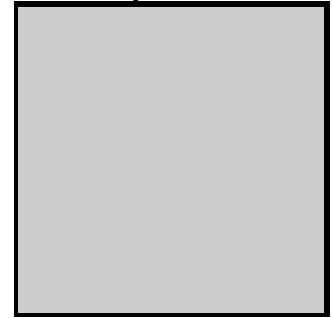


# Street LIFE Ministries

"Bringing LIFE to the Streets"

Place photo here



## STAFF APPLICATION

We look forward to hearing from you and the opportunity of serving together! May God bless you!

Please send this application and a \$25 administrative fee as soon as possible to:

Street LIFE Ministries, 154-11 Ash Ave., Flushing, NY 11355

Phone: 718-539-2324 Fax: 718-539-2040

SLM@StreetLife.org www.StreetLIFE.org

### General Information (Please print or type this information)

DATE of Application \_\_\_/\_\_\_/\_\_\_ Desired date of arrival (if accepted) \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_

Last

First

Middle

Permanent Address \_\_\_\_\_

street

city

state

zip

Permanent or home phone #/fax \_\_\_\_\_

Present phone/fax \_\_\_\_\_

Present Address (if different from above) \_\_\_\_\_

email: \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_

mo

day

year

Age \_\_\_

Sex M/F \_\_\_

SS# \_\_\_\_\_

Marital Status: Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

Spouse's Name \_\_\_\_\_

Age \_\_\_

Occupation \_\_\_\_\_

Do you have any children living with you? yes \_\_\_ no \_\_\_ (If yes, please provide info below)

name	age	school year	name	age	school year

### Emergency and Health Information

Do you have any medical insurance? (recommended) \_\_\_\_\_ Company: \_\_\_\_\_

Policy # \_\_\_\_\_

tel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency contact (1): \_\_\_\_\_

relationship \_\_\_\_\_

address \_\_\_\_\_

tel # \_\_\_\_\_

Emergency contact(2): \_\_\_\_\_

relationship \_\_\_\_\_

address \_\_\_\_\_

tel # \_\_\_\_\_

**MEDICAL INFORMATION**

1. Do you have or have you had any of the sicknesses below? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Heart Disease \_\_\_\_ Aids \_\_\_\_ Asthma \_\_\_\_ Emphysema \_\_\_\_ Blood Disease \_\_\_\_ Seizures  
 \_\_\_\_ Other (specify): \_\_\_\_\_

Please explain; \_\_\_\_\_

2. Do you have allergies? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list: \_\_\_\_\_

3. Please explain any illnesses or ailments that you have at the present time.

\_\_\_\_\_  
 \_\_\_\_\_

4. Are you now or in the recent past been on any prescription medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, what kind? \_\_\_\_\_ Dosage: \_\_\_\_\_

5. Have you ever been under psychiatric care? (Your response will not determine acceptance).

\_\_\_\_ Yes \_\_\_\_ No Where: \_\_\_\_\_ When: \_\_\_\_\_

6. Do you smoke? \_\_\_\_ Yes \_\_\_\_ No

7. Have you ever used drugs? \_\_\_\_ Yes \_\_\_\_ No (If yes, what drugs)?

\_\_\_\_ Heroin \_\_\_\_ Cocaine \_\_\_\_ Marijuana \_\_\_\_ Angel Dust \_\_\_\_ Crack \_\_\_\_ Other, specify: \_\_\_\_\_

8. Did you drink alcohol? \_\_\_\_ Yes \_\_\_\_ No If yes, what and how often? \_\_\_\_\_

Do you drink alcohol now? \_\_\_\_ Yes \_\_\_\_ No If yes, what and how often? \_\_\_\_\_

9. Are you currently under treatment for any of the above? \_\_\_\_ Yes \_\_\_\_ No

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Doctor's name: \_\_\_\_\_

10. Are you willing to sign for medical releases? \_\_\_\_ Yes \_\_\_\_ No

If no, explain: \_\_\_\_\_

11. Have you ever been in a detoxification or rehabilitation program? \_\_\_\_ Yes \_\_\_\_ No

If yes, where? \_\_\_\_\_ When: \_\_\_\_\_

12. Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_ Offense: \_\_\_\_\_

### Release Agreement

I/we do hereby release Street LIFE Ministries, its agents, employees, members, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Street LIFE Ministries.

**Date** \_\_\_\_\_  
Applicant's signature

**Date** \_\_\_\_\_  
Signature of Witness (over 18)

### Consent for Treatment

In case of accident or serious illness, I/we hereby agree to the performance of such treatment, anesthetics, and procedures as deemed necessary in the opinion of the attending physicians.

**Date** \_\_\_\_\_  
Applicant's signature

**Date** \_\_\_\_\_  
Signature of Witness (over 18)

## Education

Last year of school completed: high school \_\_\_ college \_\_\_ post graduate \_\_\_

High School: \_\_\_\_\_  
name location dates attended (xxxx-xxxx) graduated (Y/N)

College: \_\_\_\_\_  
name location dates attended (xxxx-xxxx) graduated (Y/N)

degree or area of study: \_\_\_\_\_

College: \_\_\_\_\_  
name location dates attended (xxxx-xxxx) graduated (Y/N)

degree or area of study: \_\_\_\_\_

Other education or training: \_\_\_\_\_

## Employment

*Please list the last three jobs you have had, beginning with the most current:*

Job/Position \_\_\_\_\_ Company/Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ dates employed mo/yy -mo/yy: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job description/responsibilities: \_\_\_\_\_

Job/Position \_\_\_\_\_ Company/Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ dates employed mo/yy -mo/yy: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job description/responsibilities: \_\_\_\_\_

Job/Position \_\_\_\_\_ Company/Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ dates employed mo/yy -mo/yy: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job description/responsibilities: \_\_\_\_\_

# Church Background and Ministry Experience

Church or fellowship you attend? \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

Church Address: \_\_\_\_\_  
address city state zip

Pastor's Name \_\_\_\_\_ How long has he/she known you? \_\_\_\_\_

Describe your involvement in your local church.

\_\_\_\_\_

\_\_\_\_\_

How long have you been a committed Christian? \_\_\_\_\_

Have you served on a short term missions project or any other missions experiences? \_\_\_\_\_  
(please state with whom, length of stay and your involvement)

\_\_\_\_\_

\_\_\_\_\_

Have you served with any other ministries, organizations, or spiritual training programs?

*(If so please state the ministry or program along with your involvement):*

\_\_\_\_\_

Vocals/Singing		
Guitar		
Piano		
Drums/Percussion		
Other instrument? What?		
Sound engineer/A-V		
Creative drama		
Mime		
Puppets		
Dance/Choreography		
Mercy Ministry		
Evangelism		
Youth Ministry		
Children's Ministry		
Homeless Ministry		
Cross Cultural Ministry		

1 2

## Skills & Abilities

Check the following lists and place a (+) in column 1 for the skills in which you have ability and experience in that particular area.

Make a second (+) in column 2 for those in which you have leadership ability or are able to teach.

Accounting		
Administration		
Communications		
Computers		
Driving		
Electrical		
Grant Writing		
Graphic Design		
Mechanics		
Painting		
Photography		
Plumbing		
Receptionist		
Renovations/Construction		
Speaking/Teaching		
Visual Arts		
Writing/Editing		

1 2

## Personal Information

Please Check the following to best describe yourself:

	Excellent	Maturing	Needs Improvement	Lacking	Comments
Desire to spread the Gospel					
Christian character					
Personal integrity					
Humility/honesty					
Obedience					
Effective listener					
Self-control					
Self-confidence					
Able to receive correction					
Work ethic					
Works well with people					
Works well in a team					
Ability to follow					
Willingness to serve					
Adaptability					
Organization					
Reliability					
Punctuality					
Spiritual leadership					
Takes initiative/self-starter					
Ability to make decisions					
Desire to learn/teachable					
Concern for others					

**1. After reflecting on the list above what do you feel your greatest strengths are?**

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**2. Share some of your weaknesses or areas of growth.** \_\_\_\_\_

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**3. What are your Spiritual/Practical gifts?** (1 Cor. 12, Rom 12:6-8) \_\_\_\_\_

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## Personal Call to Missions

*Please answer the following questions on a separate piece of paper and attach it to your application form. (Please print or type)*

1. Describe your conversion experience.
2. Describe your present relationship with the Lord.
3. Describe your relationships within your immediate family. How does your immediate family feel about your decision to enter missions?
4. List your interests in books, music, TV, movies, spare time and hobbies.
5. Describe your long term goals. Has God spoken to you about your life calling?
6. How did you hear about Street LIFE Ministries?
7. How has He shown you to serve at Street Life Ministries?
8. Why do you desire to become a part of Street LIFE Ministries?
9. What length of service do you anticipate? (Other than summer interns, we ask for a minimum 3-year commitment.)
10. What areas of service/ministry are you most interested in?
11. What are your ministry/missionary goals?
12. What kind of experience have you had working cross-culturally?
13. What does it mean for you to be a part of a team?
14. What is your understanding of submission to Christian leadership in the process of discipleship?
15. What is your view of the importance of accountability in the process of discipleship?
16. In terms of being Jesus' disciple, what do the following words mean to you: "Whoever desires to save his life will lose it, and whoever loses his life for my sake will find it"?
17. Do you have any outstanding debt? If so, please explain.
18. Missions Support: How do you plan to raise your support? Please be specific.
19. Do you have a Passport? (if so include passport # and issue/exp. date)
20. What languages do you speak?
21. List anything else we should know about you, or additional comments/concerns.
22. We require 3 confidential references.
  - One from your pastor/leader of your local fellowship.
  - One from a friend (of over 3 years).
  - One from your former ministry/organization leader or employer.

Please list below the names, addresses, and phone numbers of the persons you will be requesting (or have already) to submit a Confidential Reference on you behalf.

Also, fill out the first section, BOX A, with your name, address, etc... Make sure you provide a stamped envelope addressed to:

Street LIFE Ministries, 154-11 Ash Ave., Flushing, NY 11355.

Since you would be dealing with people from many different backgrounds, we would like to know what you're views are concerning:

a. The homeless and poor

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b. Drug addicts and alcoholics

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c. Prostitutes

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d. Homosexuality and homosexuals

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e. Social drinking

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f. Abortion

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g. Secular music and entertainment

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h. Gender issues regarding leadership

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i. Serving various ethnicity/multicultural peoples

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j. Prejudices, race, creed, physical appearances, etc.

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Denominational upbringing:

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Present denominational preference: \_\_\_\_\_

In light of your Christian background, do you have any doctrinal questions or concerns that you would like to discuss with us in the interview process?

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RELEASE

I have read and understand the guidelines, rules and regulations of this program. I understand that failure to adhere to them may warrant discipline or immediate dismissal at any time at the discretion of the Street Life Ministries (SLM) director.

I will submit to all authority placed over me.

I agree to refrain from dating relationships during the internship.

I hereby grant SLM and any agency/individual approved by SLM the full right to use my participation in SLM, in part or in full, audio, video, published and /or produced in any form, in any way that SLM deems useful without any compensation whatsoever.

I hereby release SLM from all responsibility for any injury, or sickness contracted during, before or after the time I am involved with SLM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Box A

# Confidential Reference

Name of Applicant	Name of REFERRAL
Phone # (____) _____	Phone # (____) _____
Address:	Address:
Date:	Date:

**TO THE PERSON FILLING OUT THIS FORM:** The above applicant has applied for serving on staff with Street LIFE Ministries. Street LIFE is an organization of Christian missionaries dedicated to equipping/activating the Body of Christ and reaching the lost through urban outreach. Please read the enclosed brochure to familiarize yourself more with our mission and ministry. We appreciate your careful and thoughtful completion of this evaluation, as serious consideration will be given to your comments. All forms are kept in confidence and will not be viewed by the applicant. Your early response is most appreciated (WITHIN 2 WEEKS).

Thank you for your assistance!

Please return this form in the self-addressed stamped envelope!

## Signature/Date

**What is your relationship to the applicant?** (Please circle) Employer, Pastor, Friend, Former Leader

**How long have you known the applicant?** \_\_\_ yrs \_\_\_ mths

**How well do you know the applicant?**  very well  well  casually

**Please check the following and comment as necessary:**

	Excellent	Maturing	Needs Improvement	Lacking	Comments
Desire to spread the Gospel					
Christian character					
Personal integrity					
Humility/honesty					
Obedience					
Effective listener					
Self-control					
Self-confidence					
Able to receive correction					
Work ethic					
Works well with people					
Works well in a team					
Ability to follow					
Willingness to serve					
Adaptability					
Organization					
Reliability					
Punctuality					
Spiritual leadership					
Takes initiative/self-starter					
Ability to make decisions					
Desire to learn/teachable					
Concern for others					

**Additional Comments:**

1. Which of the following most describes the applicant's Christian walk?

- mature    contagious    genuine and growing    over emotional    superficial

comments: \_\_\_\_\_

2. Does this applicant display high moral standards? Please elaborate or give example.

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3. How dedicated is he/she to Christian service?

4. What do you feel the applicant's strengths are?

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5. What are some areas he/she needs to improve on?

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6. What do you feel are his/her motives in applying with Street LIFE? (Please circle)

- Christian service      desire to help others      desire to share the Gospel  
receive help/ministry      escape an unpleasant situation      travel/adventure

other: \_\_\_\_\_

7. Are others standing behind the applicant with prayer and encouragement? If yes, who?

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8. Any other comments? ( psychological, drug or alcohol abuse, occultic activities, criminal record)

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9. Would you recommend this applicant for acceptance to Street LIFE Ministries?

- Yes       Yes, with some reservation       No

Final Comments:

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