SERVICE APPLICATION FOR MINISTRY

PLEASE TYPE OR PRINT NEATLY. FILL OUT THIS FORM ON BOTH SIDES AND RETURN TO THE ADDRESS ON THE BACK FOR CIRCULATION DATE _____ HOME PHONE NAME _____ CELL PHONE _____ HOME ADDRESS ______ E-MAIL _____ CITY/STATE/ZIP FAX FORMAL EDUCATION (Colleges/Seminaries attended) DATES (From/To) DEGREE(s) I AM INTERESTED IN: (Place a check mark in type of ministry and full or part-time) PREACHING Ministry Full-time ____ Part-time Full-time ____ ASSOCIATE Ministry _____ Part-time Full-time ____ YOUTH Ministry Part-time WORSHIP Ministry Full-time ____ Part-time OTHER INTEREST(S): _____ ARE YOU WILLING TO RELOCATE? Yes ____ No ____ (If needed, please clarify on the back side of this form) I HAVE EXPERIENCE IN: (Place a check mark in type of ministry. Mark how many years in the blank next to full or part-time) Full-time ____ Part-time PREACHING Ministry ASSOCIATE Ministry ___ Full-time ____ Part-time YOUTH Ministry Full-time ____ Part-time Full-time Part-time ____ WORSHIP Ministry OTHER EXPERIENCE I HAVE: Mission work (Where/When) Speaking at revivals _____ Instrumental, drama and/or vocal ability______ Pulpit Supply _____ Workshop(s) taught and topic(s) _____ HOBBIES: **REFERENCES MAY BE OBTAINED FROM:** (Give name and address and phone number)

I authorize LCU to release this information for general publication.

SIGNATURE DATE

OTHER PERTINENT INFORMATION I WOULD LIKE MADE AVAILABLE TO INTERESTED SEARCH COMMITTEES:

IMPORTANT!

PLEASE REMEMBER TO CONTACT US IF YOU ARE HIRED FOR A POSITION SO THAT WE CAN REMOVE YOUR ADVERTISEMENT IN A TIMELY MANNER. SHOULD YOUR CURRENT ADDRESS/PHONE NUMBER, ETC., CHANGE, PLEASE CONTACT US AND GIVE US AN UPDATE. IF FOR SOME REASON YOU DECIDE YOU ARE NO LONGER SEEKING A NEW POSITION, PLEASE LET US KNOW SO WE CAN REMOVE YOU FROM THE OPEN CANDIDATE LIST.

FOR PUBLICATION OF THIS INFORMATION, FILL OUT THIS FORM AND RETURN TO:

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