

SOUTHSIDE STUDENTS

LEADER APPLICATION

Name: _____ DOB: _____

Address: _____

Best Phone: _____ Email: _____

Occupation/School (Year in school) : _____

Single Married Kids (How many and ages): _____

Member of Southside? Y N How long have you attended? _____

Are you involved in any other ministries? Y N List: _____

Talk about your salvation experience – when and how did it come about in your life?

What do you currently do to mature your faith in Christ (quiet times, accountability, bible study, community group, etc.)?

When you think of “doing student ministry” what comes to mind?

If a student asked you the question, “How do you become a Christian?” how would you answer?

Do you work well on a team? Why or Why not?

What do you feel you can bring to the student leadership team (gifts, experience, wisdom, etc.)?

Do you agree with the “What we Believe” statements at oursbc.org?

Y N If not, which one(s) and what do you believe?

Please check the box if you comply with these statements and sign below.

I am willing to follow through on my commitment to this ministry and the students God has entrusted to my care.

I am willing to submit to the authority of the pastor/leader overseeing this ministry.

I understand that if I do not comply with the standards set by the leadership, I could be asked to step down from my leadership role.

Signature _____

Date _____