



**Application**

Date: \_\_\_\_\_

Name		Gender		
Address		City	State	Zip
Email	School	Age	DOB	
Phone	Alt. Phone	Text (yes or no)		

**Church Affiliation & Involvement**

Church Name: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Are you a member? \_\_\_\_\_

Pastor's Name & Phone Number \_\_\_\_\_

Former church affiliation: \_\_\_\_\_

Are you a believer? \_\_\_\_\_

Have you been filled with the Holy Spirit according to Acts 2:4? \_\_\_\_\_

**Why do you want to be a member of LeadNow?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please write a brief testimony about how you became a Christian.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe significant life events that have impacted you spiritually.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe 3 significant ways you have grown in your spiritual walk since becoming a Christian.**

---

---

---

**How would you describe your spiritual walk now?**

---

---

---

**What leadership experience do you have?**

---

---

---

**Rate (not rank) your interest in each area of ministry 1 - 10 (higher is better)**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Welcome/Greeter    | <input type="checkbox"/> Office Work  | <input type="checkbox"/> Dance         |
| <input type="checkbox"/> Prayer Ministry    | <input type="checkbox"/> Worship      | <input type="checkbox"/> Media/Video   |
| <input type="checkbox"/> Teaching/Preaching | <input type="checkbox"/> Social Media | <input type="checkbox"/> Service/Labor |
| <input type="checkbox"/> Drama              | <input type="checkbox"/> Follow-Up    | <input type="checkbox"/> Altar Worker  |

**Give yourself a letter grade in the following areas:**

- |   |                                       |                                      |                                      |
|---|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Personal Devotions | <input type="checkbox"/> Organization | <input type="checkbox"/> Discipline  | <input type="checkbox"/> Prayer Life |
| <input type="checkbox"/> Creativity         | <input type="checkbox"/> Evangelism   | <input type="checkbox"/> Consistency | <input type="checkbox"/> Worship     |
| <input type="checkbox"/> Caring for others  | <input type="checkbox"/> Holy Living  | <input type="checkbox"/> Leadership  | <input type="checkbox"/> Service     |

**Rate these relational needs in your life 1-5: (what is most important to you, higher is better)**

- |  |                                    |                                       |                                  |
|--|------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Acceptance    | <input type="checkbox"/> Affection | <input type="checkbox"/> Appreciation |                                  |
| <input type="checkbox"/> Approval      | <input type="checkbox"/> Attention | <input type="checkbox"/> Comfort      |                                  |
| <input type="checkbox"/> Encouragement | <input type="checkbox"/> Respect   | <input type="checkbox"/> Security     | <input type="checkbox"/> Support |

**Rank preference for Webinar Group Meetings:**

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Monday 7pm  | <input type="checkbox"/> Tuesday 7pm  | <input type="checkbox"/> Thursday 7pm  |
| <input type="checkbox"/> Monday 9pm  | <input type="checkbox"/> Tuesday 9pm  | <input type="checkbox"/> Thursday 9pm  |
| <input type="checkbox"/> Monday 10pm | <input type="checkbox"/> Tuesday 10pm | <input type="checkbox"/> Thursday 10pm |

**Signature of Applicant** \_\_\_\_\_