



MOSAIC Volunteer Leader in Training Application

1. General Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home phone: _____ Cell phone: _____

Birth date: _____ Marital status: _____ Children: _____

2. References

Ministry Reference (pastor or ministry leader)

Name: _____ Phone: _____

Relationship to applicant: _____

Personal Reference (non-family members)

Name: _____ Phone: _____

Relationship to applicant: _____

3. Personal

Share how and when you became a follower of Jesus, including the circumstances leading up to your conversion.

How have you grown as a follower of Christ since your conversion?

Why do you want to be a Leader in Training at Mosaic?

4. Ministry Experience

List your previous ministry experiences, including highlights and low points.

5. Commitment to the Mosaic Mission

Mosaic exists to follow Jesus in authentic community for the world. How do you see yourself as part of this mission?

6. Ministry Qualifications

What general skills, talents, and/or special abilities do you possess?

What do you see as your top three strengths?

What do you see as your top three weaknesses?

7. Legal and Lifestyle

Because Mosaic desires to create a safe, authentic community for its staff, volunteers, and congregation, the questions below must be answered in a truthful and forthright manner:

Have you ever been arrested and/or convicted of a crime? YES NO

Do you have any history of compulsive or addictive behaviors (sex, alcohol, drugs, porn, gambling, eating disorders, etc)? YES NO

Do you have any history of, or have ever been accused of, any form of child abuse or sexual assault? YES NO

Please explain any "YES" answers from above:

Describe your personal convictions about the use of alcohol, tobacco, and drugs:

Describe your beliefs and convictions about dating, marriage, and sexual purity:

8. Agreement

I certify that the answers I have given on this application are honest and true, and I authorize Mosaic to contact any person or institution to independently verify the correctness of the information I have provided and to receive other information that would be relevant to my application.

Signature: _____ Date: _____