



Crossroads Christian Church  
4128 Todds Rd.. Lexington, Kentucky 40509

## XSM LEADERS APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City Zip

Date of Birth: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone (Night): \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Work Status:  Part Time  Full Time  Student

Marital Status:  Single  Married  Widowed  Remarried  
 Remarried

Spouse: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/ Trade School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree: \_\_\_\_\_ Minor: \_\_\_\_\_

Other Education: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

List skills, natural talents, or special abilities: \_\_\_\_\_

\_\_\_\_\_

List the date and activities of other ministry experiences here at Crossroads or another church and the reasons for ending that ministry.

DATE STARTED	MINISTRY/ACTIVITY	DATE ENDED	REASON	CONTACT	PHONE

Are there other areas of ministry you are currently involved in? \_\_\_\_\_  
\_\_\_\_\_

Are you part of a Small Group? Whose? \_\_\_\_\_

Have you ever led a Small Group? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had to recruit and lead a team of people toward accomplishing a goal? If yes, please explain.

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

What spiritual gifts do you feel you have, and how you would like to use them in a student ministry?

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

Why do you want to serve in the student ministry? \_\_\_\_\_

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

What are some of your expectations of the student ministry staff? \_\_\_\_\_

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

Do you have an idea of what position you would like to fill? \_\_\_\_\_

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



# PERSONAL & SPIRITUAL HISTORY

Write a brief testimony about how and when you became a Christian, including significant events in your life that have impacted you spiritually. \_\_\_\_\_

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What is the thing that has helped you grow the most as a Christian? \_\_\_\_\_

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How do you describe your spiritual journey now? \_\_\_\_\_

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What accountability do you currently have in your spiritual journey? \_\_\_\_\_

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What do you do when you have a conflict with someone? How do you handle confrontation and do you consider yourself "good" at handling confrontation? \_\_\_\_\_

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Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement in the student ministry? (E.g. relationships, other commitments, etc.)

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How long have you attended Crossroads Christian Church? \_\_\_\_\_



# LEGAL & LIFESTYLE CONCERNS

*In caring for students, we believe it is our responsibility to build (or provide) an adult staff that is able to provide healthy, safe, and nourishing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with a pastoral staff.*

*Are you using illegal drugs?*  Yes  No

*Have you ever gone through treatment for alcohol or drug abuse?*  Yes  No

*If yes, please describe.*

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*Have you ever been arrested and / or convicted of a crime?*  Yes  No

*If yes, please describe.*

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*Have you ever had sexual relations with any minor after became an adult?*  Yes  No

*Have you ever been accused or convicted of any form of child abuse?*  Yes  No

*If yes, please describe.*

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*Have you ever been a victim of any form of child abuse?*  Yes  No

*If yes, would you like to speak to a counselor or pastor?*  Yes  No

# CONSENT ACKNOWLEDGEMENT

*The information contained in this application is correct to the best of my knowledge.*

*I, understand, give my authorization to Crossroads Christian Church or its representatives to release any and all records or information relating to working with minors. Crossroads Christian Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker. I understand that the personal information in this application will be held confidential by the professional church staff.*

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

## PERMISSION TO OBTAIN BACKGROUND CHECK

Print Name: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Insurance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: (circle one) (M) (F)

*This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.*

*I, undersigned applicant (also known as "consumer"), authorize \_\_\_\_\_*

*(insert church name)*

*through its independent contractor, LexisNexis, to produce background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including traffic citations; a social security number verification; present and former addresses; criminal and civil history/ records; and the state sex offender records.*

*I understand that I am entitled to complete a copy of my background information report which I am the subject up on my request to \_\_\_\_\_*

*\_\_\_\_\_ if such is made within a \_\_\_\_\_*  
*(insert*

*church name)*

*reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.*