

Application for Associate Pastor of Worship Immanuel Baptist Church

5100 Hummingbird Road, Wausau, Wisconsin 54401

Phone: 715-359-2442 Fax: 715-355-4353

Email: km@ibcwausau.org Website: www.ibcwausau.org

Please include your resume with this form.

Fill in any fields which are not answered by your resume.

Last Name	First Name	Phone Number	Email Address
Contact Address		City, State	Zip Code
Present Church		City, State	Zip Code
Present Position		How long?	Average Attendance

EDUCATION

School	Years Attended	Graduated?	Degree Earned

EXPERIENCE

Church / Organization	Position	Dates

PERSONAL INFORMATION

1. Date of Birth: _____ Marital Status: _____ If Married, number of years: _____

2. Have you ever been divorced? _____ Has your spouse ever been divorced? _____

3. Are you licensed? _____ Are you ordained? _____ By what church? _____

4. Place, date, and mode of Baptism: _____

5. Give a brief summary of your conversion experience:

6. Give a brief summary of your call/leading to the ministry:

PERSONAL EVALUATION

1. Which New Testament gifts do you have?

2. What do you perceive your primary tasks as an Associate Pastor of Worship to be?

3. What role(s) have you played in a small (care) group ministry?

None Group Participant Group Leader Ministry Leader

4. Evaluate your proficiency in the following areas.

(1-excellent 2- strong 3- adequate 4-weak 5-none)

Worship Leading	Drama / Acting
Choir Directing	Bible Teaching
Music Composition / Arrangement	Small Group Leadership
Music Instruction	Computer Skills
Vocal Performance	Enlisting and Supervising Laypersons
Primary Instrument(s): _____	Technical / Sound / Lighting / Video

5. My ministry strengths are:

6. My ministry weaknesses are:

7. List some accomplishments you have had in a recent ministry position:

DOCTRINAL INFORMATION

1. Do you agree with the Immanuel Baptist Church Statement of Faith? _____
A copy of our statement of faith can be found at: <http://www.ibcwausau.org/306153.ihtml>

If not, please explain:

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REFERENCES

List full names, relationship and contact information of up to four individuals who know you best.

Name	Relationship
Address	Phone
City, State, Zip Code	Email

Name	Relationship
Address	Phone
City, State, Zip Code	Email

Name	Relationship
Address	Phone
City, State, Zip Code	Email

Name	Relationship
Address	Phone
City, State, Zip Code	Email

Applicant Signature: _____ Date: _____