

## Application for the Strategic Ministry Residency Program

Deadline for application is May 1.

### GENERAL INFORMATION (PLEASE PRINT)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (alternate): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Why would you like to do an residency with ExtendEd Indianapolis? \_\_\_\_\_

Who referred you to the residency program? \_\_\_\_\_

Areas of Learning: Children & Family Church Administration Missions  
Preaching/Pastoral Special Needs Sports Management Worship/Production  
Youth Other: \_\_\_\_\_

Three areas of learning that most interest you:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Would you be interested in a host-home during your stay as a resident? Yes or No

### RESIDENCY OPTIONS

Select the option below that best applies to your specific ministry training needs.

**Option 1: Undergraduate Residency**

This option is ideal for those entering their fourth year of college. Students continue their education as an Indianapolis resident during their senior year.

**Option 2: Graduate Residency**

Graduate residents work toward a master's degree from Johnson University. A completed bachelor's degree is required.

College/university attended & degree earned: \_\_\_\_\_

## CHURCH OPTIONS

- Connection Pointe Christian Church
- Greenwood Christian Church
- Indian Creek Christian Church
- Park Chapel Christian Church
- Plainfield Christian Church
- White River Christian Church

Top three churches with which you are most interested in partnering:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

No Preference (circle)

## EDUCATION

Schooling	Years Completed	Name of School	Location	Graduation Year
High School				
College				
Post-College				

## PREVIOUS EMPLOYMENT: LIST MOST RECENT FIRST

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### PREVIOUS MINISTRY EXPERIENCE: LIST MOST RECENT FIRST

Ministry/Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Role: \_\_\_\_\_ Dates of Involvement: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Ministry/Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Role: \_\_\_\_\_ Dates of Involvement: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### PREVIOUS CHURCH AFILIATION: LIST MOST RECENT FIRST

Church: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Member: \_\_\_\_\_ Y \_\_\_\_\_ N

What was your involvement? \_\_\_\_\_

Church: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Member: \_\_\_\_\_ Y \_\_\_\_\_ N

What was your involvement? \_\_\_\_\_

Church: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Member: \_\_\_\_\_ Y \_\_\_\_\_ N

What was your involvement? \_\_\_\_\_

### SPIRITUAL INFORMATION

Do you believe that Jesus is the Christ, the Son of the Living God, and have you been baptized into Him?

Yes \_\_\_\_\_ If so, date of baptism \_\_\_\_\_ No \_\_\_\_\_

List two people you have influenced through your ministry to them:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

How did God use you in their life? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

How did God use you in their life? \_\_\_\_\_

## STRENGTHS AND WEAKNESSES

What are your top three strengths and weaknesses?

Strengths	Weaknesses

## SKILLS

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

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Please attach to this application a summary of:

- **Your personal story:** briefly describe significant events in your life, from childhood to present.
- **Your spiritual journey:** summarize how you came to know Jesus Christ and describe how your relationship with Him continues to grow.
- **Doctrinal statement,** briefly share your belief about each of the following:
  - The authority of Scripture
  - How a person receives salvation
  - The person of Jesus Christ
  - The Christian life and the Holy Spirit
  - The believer's relationship to the local church
  - Heaven and Hell

## GENERAL INFORMATION

Do you have any physical (or other mention-worthy) needs that we should be aware of?

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Would you be providing your own transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

## BACKGROUND CHECK

Johnson University is a place of God’s Grace. A ‘yes’ answer is not an automatic disqualification but does require an explanation followed by a conversation.

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child or sexual assault? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been asked to leave a ministry or volunteer position? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any history of using illegal or abusing prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anything from your history that may come up in the future about you that could perceivably hurt the ministry of Johnson University/your residency church? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any “YES” answers in detail, including dates, and attach to this application. Yes answers do not automatically disqualify you from consideration.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All previous states of residence & addresses for the last 5 years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other names used previously (including maiden names): \_\_\_\_\_

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

**\*Please distribute the three personal reference forms which will be submitted by them. At least one reference must be from a pastor or elder.**

The facts set forth in my application are true and complete. I understand that false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice in compliance with applicable laws or statutes. I further understand that a criminal record check may be conducted on me, and I consent to any such check.

I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or organizations, whether or not identified in this application, to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

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

If this application is returned by mail, please address it to

Lauren Shears, Admissions  
 Johnson University  
 7900 Johnson Dr.  
 Knoxville, TN 37998

You may also scan and mail to  
 LShears@JohnsonU.edu