

Application for the Strategic Ministry Residency Program

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 a residency in 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:

1st Choice: _____

2nd Choice: _____

3rd 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

- 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:

1st Choice: _____

2nd Choice: _____

3rd 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 AFFILIATION: 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?

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) needs that we should be aware of?

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 to your references. 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