



VOLUNTEER LEADERSHIP APPLICATION

THE CENTRAL CONFERENCE OF THE EVANGELICAL COVENANT CHURCH (773) 267-3060 WWW.CENTRALCONF.ORG
REV 04012021

Date: _____ / _____ / _____
MM DD YYYY

Contact Information

Miss Ms. Mrs. Mr. Dr. Rev.
PLEASE CHECK ALL THAT APPLY

Name: _____ Spouse: _____
FIRST MIDDLE LAST

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____
AREA CODE TELEPHONE

Church Membership: _____

Diversity (OPTIONAL)

Gender: Male Female
Language(s): English Spanish Korean Other _____
Ethnicity: Black Hispanic Korean White Other _____
Age (in yrs): 18 – 35 36 – 55 56 – 70 70+

Your Faith Story (include conversion, beliefs, service, etc.):

Why would you like to serve?

Spiritual Gifts(s) (ROM 12, I COR 12, EPH 4)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Faith |
| <input type="checkbox"/> Mercy | <input type="checkbox"/> Healing |
| <input type="checkbox"/> Helps / Service | <input type="checkbox"/> Wisdom |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Pastoral |
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Hospitality |
| | <input type="checkbox"/> Other |

Vocational Area(s):

- | | |
|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Management |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Sales or Retail |
| <input type="checkbox"/> Ministry | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Other |

Leadership Interest(s)

- | |
|--|
| <input type="checkbox"/> Executive Board |
| <input type="checkbox"/> Harbor Point Ministries |
| <input type="checkbox"/> Church Planting |
| <input type="checkbox"/> Education / Leadership |
| <input type="checkbox"/> Prayer & Evangelism |
| <input type="checkbox"/> Church & Society |
| <input type="checkbox"/> Ministerium |
| <input type="checkbox"/> Women's Ministries |
| <input type="checkbox"/> Cultural Ministries |
| <input type="checkbox"/> Ministerial Care |
| <input type="checkbox"/> Human Resources |

Leadership Experience (LAST 10 YEARS TO THE PRESENT)

- Church**
- | | | | |
|----------------------------------|---|--|--|
| <input type="checkbox"/> Board | <input type="checkbox"/> Education/Discipleship | <input type="checkbox"/> Care / Deacon | <input type="checkbox"/> Mutual Ministry / PRC |
| <input type="checkbox"/> Worship | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Social Action | <input type="checkbox"/> Stewardship |
| <input type="checkbox"/> Other | _____ | | |

- Conference**
- | | | | |
|---|-------|----------|-------|
| <input type="checkbox"/> Board / Commission, <i>specify</i> : | _____ | Date(s): | _____ |
| <input type="checkbox"/> Volunteer Experience: | _____ | Date(s): | _____ |

- Denomination**
- | | | | |
|--|-------|----------|-------|
| <input type="checkbox"/> Board (<i>specify</i>): | _____ | Date(s): | _____ |
| <input type="checkbox"/> Volunteer Experience: | _____ | Date(s): | _____ |

- Community**
- | | | | |
|---|-------|----------|-------|
| <input type="checkbox"/> Board Member, <i>specify organization(s)</i> : | _____ | Date(s): | _____ |
| <input type="checkbox"/> Volunteer Experience: | _____ | Date(s): | _____ |

Space for additional comments on "Leadership Experience," as needed, below:

To be completed by the Board / Commission / Team requesting this application

5 words

to describe an effective member

of this board / commission / committee:

1. _____ Obedient _____
2. _____ Faithful _____
3. _____ Prayerful _____
4. _____ Trusting _____
5. _____ Collaborative _____

Name of Group: _____ Executive Board of the Central Conference of
the Evangelical Covenant Church _____

OFFICE USE ONLY

Date Received: _____ / _____ / _____
MM DD YYYY

Reference check by _____ : Membership Leadership Professional/Educational

Recommend for:

1. _____ Date: _____ / _____ / _____ E NE A
MM DD YYYY
2. _____ Date: _____ / _____ / _____ E NE A
MM DD YYYY
3. _____ Date: _____ / _____ / _____ E NE A
MM DD YYYY

Other Comments: _____