

Application

2018

Personal Informa	tion				
Name:					
Gender:					
Street Address:					
City:	State:	Zip Code:			
Home Phone: ()	-	Mobile: ()			
Email:					
Date of Birth:					
Marital Status:					
Children:					
Education Background & Professional Experience Highest Level of Education Completed:					
Most Recent School:					
Degrees Earned:					
Current Profession:					
Years at Current Professi	on:				

Ministry and Church Background

Name of Home Church:	
Length of Attendance: Current role an/or involvement:	Length of Membership:
Other areas of previous ministry involvement:	
Impact Weekend Items	
How did you hear about Impact?	
What led you to apply?	
What aspect of Impact interests you the most?	
What are your expectations of Impact and a summa Impact weekends?	ry of what you hope to learn during the

Spiritual Journey

A summary of your personal journey in Christ. Use an extra sheet of paper if needed.

Personal Evaluation

I. Please assess yourself in the following areas:

	Uncertain	Weak	Good	Outstanding
Spiritual maturity	{ }	{ }	{ }	{ }
Devotion to Jesus Christ	{ }	{ }	{ }	{ }
Integrity and honesty	{ }	{ }	{ }	{ }
Openness to correction	{ }	{ }	{ }	{ }
Self-discipline	{ }	{ }	{ }	{ }
Working without supervision	{ }	{ }	{ }	{ }
Willingness to serve	{ }	{ }	{ }	{ }
Ability to work with others	{ }	{ }	{ }	{ }
Communication skills	{ }	{ }	{ }	{ }
Reliability	{ }	{ }	{ }	{ }
Teachability	{ }	{ }	{ }	{ }
Emotional stability	{ }	{ }	{ }	{ }
Physical health	{ }	{ }	{ }	{ }
Family life	{ }	{ }	{ }	{ }

What would you consider to be your talents, gifts, and strengths?

What would you consider to be your weaknesses or struggles?

Pastoral Recommendation Form

To be completed by the applicant:			
Name:	Phone:		
Email:			
APPLICANT: This recommendation form is your pastor is your relative, an elder or other	to be completed by your present or former pastor. If church may act as your pastoral reference.		
	urn this form directly to the applicant in a sealed stogether as one packet. If you have any questions, lobal		
Name	Church Name		
Staff Position	Church Phone		
Church Address	City, State, Zip		
Contact Phone	Email:		
1) How long have you known the application	cant? How well do you know him or her?		
2) Please describe their level of involve	ment in your church.		
3) According to your observations, who applicant?	3) According to your observations, what are the strengths and spiritual gifts of the applicant?		
4) According to your observations, wha and struggles?	at is your assessment of the applicant's weaknesses		
5) Have you seen any complex family of applicant's fulfillment of Impact's go	or relationship factors that might affect the pals and purposes?		

Please assess the applicant in the following areas.

Spiritual maturity	Uncertain { }	Weak { }	Good { }	Outstanding { }
Devotion to Jesus Christ	{ }	{ }	{ }	{ }
Integrity and honesty	{ }	{ }	{ }	{ }
Openness to correction	{ }	{ }	{ }	{ }
Self-discipline	{ }	{ }	{ }	{ }
Working without supervision	{ }	{ }	{ }	{ }
Willingness to serve	{ }	{ }	{ }	{ }
Ability to work with others	{ }	{ }	{ }	{ }
Communication skills	{ }	{ }	{ }	{ }
Reliability	{ }	{ }	{ }	{ }
Teachability	{ }	{ }	{ }	{ }
Emotional stability	{ }	{ }	{ }	{ }
Physical health	{ }	{ }	{ }	{ }
Family life	{ }	{ }	{ }	{ }
8.) Would you have the appl	icant on your staf	ff? () Yes () No, Why	or why not?
9.) Do you recommend this	applicant for Imp	act?		
() Highly Recommend	() Recommend		
() Recommend with Re	servations () Do not recomm	nend* *Pleas	se Explain
Additional comments or explana	ations not already	covered:		

Personal Recommendation Form

To be completed by the applicant:	
Name:	Phone:
Email:	
	eturn this form directly to the applicant in a sealed ats together as one packet. If you have any question
Name	Church Name
Staff Position	Church Phone
Church Address	City, State, Zip
Contact Phone	Email:
1) How long have you known the appl	icant? How well do you know him or her?
2) Please describe their level of involv	rement in your church.
	hat are the strengths and spiritual gifts of the vations, what is your assessment of the applicant's
4) Have you seen any complex family or fulfillment of Impact's goals and purpo	relationship factors that might affect the applicant's oses?

Please assess the applicant in the following areas.

	Uncertain	Weak	Good	Outstanding
Spiritual maturity	{ }	{ }	{ }	{ }
Devotion to Jesus Christ	{ }	{ }	{ }	{ }
Integrity and honesty	{ }	{ }	{ }	{ }
Openness to correction	{ }	{ }	{ }	{ }
Self-discipline	{ }	{ }	{ }	{ }
Working without supervision	{ }	{ }	{ }	{ }
Willingness to serve	{ }	{ }	{ }	{ }
Ability to work with others	{ }	{ }	{ }	{ }
Communication skills	{ }	{ }	{ }	{ }
Reliability	{ }	{ }	{ }	{ }
Teachability	{ }	{ }	{ }	{ }
Emotional stability	{ }	{ }	{ }	{ }
Physical health	{ }	{ }	{ }	{ }
Family life	{ }	{ }	{ }	{ }
8.) Do you recommend this apple () Highly Recommend	licant for Impact?) Recommend	I	
() Recommend with Re	eservations () Do not reco	mmend* *Pleas	e Explain
Signature:		_ Date	:	

Next Steps:

The One Focus Network Directors and Pastors are honored to provide training that we believe will impact your life and further equip you to minister to the Church in Christ's Name. Our goal is to glorify God by making your experience as rewarding and practical as possible. Please keep in mind that you are committing to 8 weekends spaced over the course of 2 years.

Applications must be received at One Focus Network, 1244 Thompkins Lane, Virginia Beach VA, 23464 by August 3, 2018

- Complete Application
 - Have your Pastor fill out the Pastoral Recommendation Form
 - Have your personal referee fill out the Personal Recommendation Form
- Drop off completed application packet (1 of 2 ways):
 - One Focus Office: Attn Pastor Joel
 - o Email electronic documents to: joel@onefocus.global
 - Please have references (Pastoral and Personal) email directly to joel@onefocus.global