



Application

2021

Personal Information

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 Profession:

Ministry and Church Background

Name of Home Church:

Length of Attendance:

Length of Membership:

Current role an/or involvement:

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 summary of what you hope to learn during the Impact weekends?

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 to be completed by your present or former pastor. If your pastor is your relative, an elder or other church may act as your pastoral reference.

TO THE PASTORAL REFEREE: Please return this form directly to the applicant in a sealed envelope so they may submit all components together as one packet. If you have any questions, please email Pastor Joel at joel@onefocus.global

Name

Church Name

Staff Position

Church Phone

Church Address

City, State, Zip

Contact Phone

Email:

- 1) How long have you known the applicant? How well do you know him or her?
- 2) Please describe their level of involvement in your church.
- 3) According to your observations, what are the strengths and spiritual gifts of the applicant?
- 4) According to your observations, what is your assessment of the applicant's weaknesses and struggles?
- 5) Have you seen any complex family or relationship factors that might affect the applicant's fulfillment of Impact's goals and purposes?

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.) Would you have the applicant on your staff? () Yes () No, Why or why not?

9.) Do you recommend this applicant for Impact?

() Highly Recommend () Recommend

() Recommend with Reservations () Do not recommend* *Please Explain

Additional comments or explanations not already covered:

Signature: _____

Date: _____

Personal Recommendation Form

To be completed by the applicant:

Name:

Phone:

Email:

TO THE PERSONAL REFEREE: Please return this form directly to the applicant in a sealed envelope so they may submit all components together as one packet. If you have any question, please email joel@onefocus.global

Name

Church Name

Staff Position

Church Phone

Church Address

City, State, Zip

Contact Phone

Email:

- 1) How long have you known the applicant? How well do you know him or her?
- 2) Please describe their level of involvement in your church.
- 3) According to your observations, what are the strengths and spiritual gifts of the applicant? According to your observations, what is your assessment of the applicant's weaknesses and struggles?
- 4) Have you seen any complex family or relationship factors that might affect the applicant's fulfillment of Impact's goals and purposes?

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 applicant for Impact?

- () Highly Recommend () Recommend
() Recommend with Reservations () Do not recommend* *Please 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 4 weekends spaced over 1 year.

Applications to be received at One Focus Network, 423 Shell Road, Chesapeake, VA 23323.

- 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
 - Email electronic documents to: joel@onefocus.global
 - Please have references (Pastoral and Personal) email directly to joel@onefocus.global