



# Student Leadership Application

Thank you for your interest in student leadership at Queensway Baptist Church! The purpose of this application is to get to know you better so we can partner with you as you discover how God has gifted you for service in the Kingdom of God. Please complete this application to the best of your ability. We would be more than happy to discuss any part of this application with you.

This information will be kept confidential, and will only be shared with Queensway Baptist Church ministry personnel responsible for screening student leaders. The information will be maintained permanently as it is a requirement of our insurance company and legal counsel.

## Personal Information

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
M D Y

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School you currently attend: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you CPR/First Aid certified?  No  Yes Certification Level: \_\_\_\_\_ Cert. Date: \_\_\_\_\_

## Parent/Guardian Information

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Full Names of Parent(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent Email Address(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent Cell Phone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Are your parents supportive of your ministry involvement?  Yes  No If no, please explain:

## Church Affiliation

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Church you primarily attend:  Queensway Baptist Church  Other: \_\_\_\_\_

How long have you attended QBC? \_\_\_\_\_ Are you a member of QBC?  Yes  No

How regularly do you attend QBC?  Every week or almost every week

Once or twice a month

A few times a year

What other churches have you attended in the last 5 years?

1) \_\_\_\_\_ Dates: \_\_\_\_\_

2) \_\_\_\_\_ Dates: \_\_\_\_\_

## Personal

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Describe your spiritual journey and your relationship with Christ:



Have you been baptized?

Yes, as a believer    Yes, as a baby    No

Why do you want to be a student leader?

What extracurricular activities are you involved in?

What talents, spiritual gifts, abilities, and/or passions do you possess that you feel could be used in a positive way within the ministry of QBC?

What are your weaknesses? Describe a time when they limited you.

Is there anything else you would like us to know that would impact your role as a student leader?



## References

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Please provide the names of three individuals (excluding relatives) who could provide a reference for you. Include at least one reference from outside Queensway Baptist Church. Ideal references have known you for at least a year, are able to identify your strengths and weaknesses, and can describe your background.

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Ministry Preference

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I would like to work with children.  Yes  No

I would like to be in a teaching role.  Yes  No

## Applicant's Statement

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I declare by my signature below that the information contained in this application is true and accurate to the best of my recollection and knowledge. I further authorize Queensway Baptist Church to contact all references listed, and to verify all information through background checks if required.

I have read through the *Conduct & Behaviour Expectations for Student Leader* document, and not only understand them, but commit myself to following them.

### **For those working with children:**

If I have checked "Yes" next to "I would like to work with children" above, then I have read through the *Policies, Procedures, & Guidelines for Student Leaders in Children's Ministry* document and commit myself to follow these expectations, policies, and guidelines as presented by Queensway Baptist Church.

The documents mentioned above are available at <http://www.queensway.org/leadership-documents>.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_