

HOW TO APPLY TO THE NETWORKERS MINISTRY PROGRAM

June 6 – August 8, 2008

Application for Admission, Reference Forms, and Background Check Form
should be completed and mailed to:

Networkers Ministry Program

First Presbyterian Church, Fresno
1540 M. Street
Fresno, Ca 93721

APPLICATIONS ARE DUE BY APRIL 15TH

The selection process will begin as applications arrive. All applicants will receive confirmation by mail that their application was received. Applicants will also receive a letter of acceptance or denial into the program.

For more information, please call (559) 485-6460 or email staff@fpcfresno.org

NETWORKERS MINISTRY PROGRAM APPLICATION

Name _____
Last First Middle

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Male/Female _____ Are you between the ages 18-25? Yes / No

Church Name _____ Church Phone _____

Parent's Name(s) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

EDUCATION

Year Graduated From High School _____ College(s) Attended _____

Degrees Pursued _____ Degrees Earned _____

Work Experience _____

Present Occupation or Schooling _____

What are your goals for the near future? _____

What are your goals for the distant future? _____

What do you want to be when you grow up (seriously)? _____

Please circle the one that best describes you.

I would say that I am a: Good Student Fair Student Poor Student

PERSONAL

Feel free to use the back side of this paper if needed

Have you accepted Jesus Christ as your personal Lord and Savior? (Circle one) Yes No

If you answered yes to the above question, give a brief account of your conversion experience and tell where you stand with Christ today.

How would someone else describe your relationship with God? _____

Describe your past and current ministry involvement: _____

Why do you want to be a part of the Networkers Ministry Program? _____

What unique life experiences have you had that will contribute to the Networker group? _____

What are your strengths? _____

What are your weaknesses? _____

What are your talents/interests? _____

Do you anticipate any obstacles in fulfilling this ministry? If so, what? _____

PHYSICAL

If your answer to any of the following five questions is 'yes', please give details on a separate sheet.

- 1. Do you suffer from any disability which would limit you doing daily chores or activities? Yes No
- 2. Do you have diabetes, epilepsy, blackouts or other medical problems? Yes No
- 3. Do you require a special diet for medical reasons? Yes No
- 4. Have you suffered from or had treatment for anorexia nervosa or bulimia? Yes No
- 5. Do you currently smoke or drink? Yes No

Please provide the name, group number, and individual identification number of your Health/Medical insurance

Company: _____

Does your Health/Medical insurance require pre-authorization for out-of-area service? Yes No

If yes, please provide all contact information required: _____

TRANSPORTATION

(A DMV printout and proof of insurance will be required upon acceptance to the program)

Will you have transportation available this summer? If yes, what type? Yes No

Are you currently a licensed driver in good standing? If no, please explain. Yes No

Do you have auto insurance? If yes, please give your insurance carrier and policy number. Yes No

MINISTRY AREA PREFERENCE

Please rank the following areas according to your level of interest, with "1" being your first choice, "2" your second choice, etc. This information will be used to assist in the formation of ministry teams and your preferences will be considered and prayed over. You may not be assigned to your preference.

	Briefly explain your reasoning for selecting your top two choices:
Nursery/Preschool _____	_____
Primary (grades 1-3) _____	_____
Juniors (grades 4-6) _____	_____
Junior High (grades 7-8) _____	_____
High School (grades 9-12) _____	_____
Worship/Art/Media _____	_____
Missions _____	_____

REFERENCE

Please complete the self-reference form of this application. List the names and phone numbers of the people who will be completing your reference forms below. Distribute the enclosed forms and submit them with your completed application in sealed envelopes with the person's signature across the seal.

Pastor _____ Phone Number _____

Employer/Family Friend _____ Phone Number _____

Teacher/Coach _____ Phone Number _____

Please submit application to:
NETWORKERS MINISTRY PROGRAM
First Presbyterian Church
1540 M Street
Fresno, Ca 93721

NETWORKERS MINISTRY PROGRAM
SELF-REFERENCE

Name of Applicant: _____

Assess your own abilities and character in the following categories.

	Weak	Fair	Average	Good	Excellent
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you believe you should be accepted into the Networkers Ministry Program? _____

Additional Comments: _____

Signed: _____ Date: _____

NETWORKERS MINISTRY PROGRAM
APPLICANT REFERENCE

Send Reference to:

Networkers Ministry Program
First Presbyterian Church, Fresno
1540 M. Street
Fresno, Ca 93721

Name of Applicant: _____

Reference form completed by: _____

Home Phone: _____ Business/Cell Phone: _____

How long have you known the applicant and in what capacity? _____

In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Not Observed	Weak	Fair	Average	Good	Excellent
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Why do you believe this applicant should be accepted into the Networkers Ministry Program?

I recommend this applicant for admission to the Networkers Ministry Program:

Highly Recommend Recommend Recommend with Reservations Do Not Recommend

Additional Comments: _____

Signed: _____ Date: _____

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