

RESUME DATA SHEET / AUTHORIZATION & RELEASE FORM

Thank you for your recent inquiry regarding opportunities for ministry in Kentucky. Would you please complete this questionnaire, sign, and return it to:

Kentucky District Assemblies of God
P O Box 98, Crestwood, KY 40014
Or Fax to: 502-241-7112

Name _____ Age _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____

Credential Status: ___ Ordained ___ Licensed ___ Certified Minister _____ District

___ Single ___ Married ___ Children Spouse's Name _____

Please list the names and ages of your children:

M/F _____ M/F _____
M/F _____ M/F _____

1. Are you presently serving as Senior Pastor? ___yes ___no
2. If not pastoring, in what ministry are you presently involved? _____

3. If pastoring, are you full-time? ___yes ___no
4. If pastoring and you are not full-time, please give other place of employment: _____
_____ How long? _____
5. What is your Sunday morning attendance? _____

6. Please list all former pastorates below (begin with most recent):

Dates:	Church:	City:	State:	A.M. Attendance	Position Held
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. Do either you or your spouse play a musical instrument?

Husband: ___ piano ___ organ ___ other (_____)

Wife: ___ piano ___ organ ___ other (_____)

8. What ministry position are you seeking? ___ pastorate ___ other

9. **If you are interested in a position other than pastor**, please complete the following information:

___ Youth ___ Music ___ Children's ___ Christian Education ___ Evangelism
___ Other (define) _____

a. What are your present areas of ministry? _____

b. _____ Full-time _____ Part-time

c. How long at present ministry? _____

d. What special training do you have? _____

e. Where have you been involved in what type of ministry?

Church	City	State	Dates	Type of Ministry
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Please give as references the names and complete addresses of three (3) ordained ministers (preferably Assembly of God):

- a. _____
- b. _____
- c. _____

THE FOLLOWING RELEASE MUST BE SIGNED IN ORDER FOR US TO PROCESS YOUR REQUEST:

AUTHORIZATION & RELEASE	
I, _____ of _____	
(city) (state)	
having filed an application for ministry with the Kentucky District Council of the Assemblies of God, Inc. consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and further information as may be received by or reported to the Kentucky District Council. I agree to give any further information which may be required in reference to my past history.	
I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Kentucky District Council of the Assemblies of God, Inc., any such information, including documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Kentucky District Council of the Assemblies of God, Inc. or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any and all right I may have to inspect or review any information provided to the Kentucky District, its agents or representatives by any person or organization.	
I hereby release, discharge, and exonerate the Kentucky District Council of the Assemblies of God, Inc., its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Kentucky District Council of the Assemblies of God, Inc. The Kentucky District Council shall not be required to verify of any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.	
_____ Signature	_____ Date