



Covenant Youth of Alaska

A relational outreach and discipleship ministry for Alaska youth and young adults.

Ministry Staff Application

NAME (please print) _____

ADDRESS Street Address or PO Box # _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____ Birthday _____

Marital Status _____ Date of Marriage _____
(single, married, divorced, widowed, remarried)

Name of Spouse or Fiancé _____ If divorced, when? _____

Do you have children? (If so, how many and their ages?) _____

Whom to notify in case of emergency _____ Relation _____

Street Address or PO Box _____ Phone _____

City _____ State _____ Zip _____

Are you a United States citizen? _____ Other: _____

HEALTH (check one): Good Fair Poor

Describe any impairment - physical, mental, emotional, relational, or spiritual - that could affect your ability to perform in the ministry or ministry location in which you are interested. _____

List any serious illness you have had, giving dates. _____

Have you ever been convicted of a crime? If yes, please explain. _____

What are your interests/ hobbies? _____

Home Church _____

Street Address or PO Box # _____ Phone _____

City _____ State _____ Zip _____

Briefly describe your faith journey: _____

How have you participated in the life of the Church? _____

What plan do you follow in maintaining your spiritual life and vitality? _____

Explain your personal position and practice regarding the use of alcoholic beverages, tobacco, and narcotics. _____

How does your life style differ from those around you who are not Christ followers? _____

Are you willing to give up personal habits or attitudes which might irritate or offend fellow workers and which might lessen your influence in certain ministry situations? _____

What influences have led you to consider involvement in ministry work serving youth in Alaska?

What do you consider your primary areas of giftedness and calling? _____

MINISTRY/ VOLUNTEER EXPERIENCE

Position 1: _____ Dates _____

Church/ Organization _____ Location _____

Age Group _____ Responsibilities _____

Position 2: _____ Dates _____

Church/ Organization _____ Location _____

Age Group _____ Responsibilities _____

Position 3: _____ Dates _____

Church/ Organization _____ Location _____

Age Group _____ Responsibilities _____

Education summary including high school, college, seminary, or other training:

Name of School, City and State	Date Entered	Date Left or Graduated	Course Pursued Major/Minor	Degree/Diploma or Hours Completed
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What plans do you have, if any, for further study? _____

For which ministries/services do you feel most qualified? Place 0, 1, or 2 to indicate your interest and ability. (0 = not interested or qualified, 1= somewhat qualified or willing to learn, 2 = very interested and qualified)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Bible teaching/training | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Discipleship | <input type="checkbox"/> Office | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Relational Ministry | <input type="checkbox"/> Bookkeeping | |
| <input type="checkbox"/> Young Adult Ministry | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Jr High Youth Work | <input type="checkbox"/> Accounting | |
| <input type="checkbox"/> Sr High Youth Work | <input type="checkbox"/> Worship Leading | |
| <input type="checkbox"/> Christian Education | Musical Instrument: _____ | |

List your work experience (most recent position first).

a) _____
Company Name Address

Contact Person Phone

Position	Years Held – From-To	Reasons for leaving
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b) _____
Company Name Address

Contact Person Phone

Position	Years Held – From-To	Reasons for leaving
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For what period of time are you considering ministry service with CYAK?
 2 years 3 years Other: _____

When will you be ready to begin? _____

Check any areas you would be interested in serving

- Youth Leader Program Director
- Young Adult Ministries Communications and PR
- Administrative Help No Preference
- Other _____

What is your ideal ministry location?

- Western Alaska Specify: _____
- Road System

Do you have any previous experience with cross-cultural relationships? If so, please describe your experience and what have you learned from the relationships: _____

Are you willing to work under the direction of others or with people of another race? _____

Ministry in Alaska often involves difficulties of which the following are typical: Check all that may be a challenge for you.

- | | |
|--|---|
| <input type="checkbox"/> Enduring separation from loved ones | <input type="checkbox"/> Facing health hazards |
| <input type="checkbox"/> Living without modern conveniences | <input type="checkbox"/> Working in isolation |
| <input type="checkbox"/> Interacting with cases of sexual and physical abuse, suicide, and drug dependencies | <input type="checkbox"/> Managing on a limited income |
| <input type="checkbox"/> Submitting to the decision of the majority and leadership | <input type="checkbox"/> Assuming heavy personal and group responsibilities |
| | <input type="checkbox"/> Adjusting to different cultural environments |

In seeking ministry service are you fully aware of such possibilities and prepared to meet them to the best of your ability? _____

Have you served with or applied to any other ministry organizations? _____
If so, who/when? _____

What is the extent of your financial indebtedness, including school loans? _____

How are you planning to meet this obligation while in Alaska? _____

Is it clearly understood that, if accepted for this program, the expense for your support will be your responsibility to raise? _____

Please list five references with complete addresses (not relatives of yours):

Pastor or Youth Pastor _____ Phone _____

Church _____ Email _____

Recent Supervisor/Employer _____ Phone _____

Company or Organization _____ Email _____

Recent Coworker/Employer _____ Phone _____

Company or Organization _____

Mature Friend _____ Phone _____

Relation _____ Email _____

Mature Friend _____ Phone _____

Relation _____ Email _____

Please add any other information that would be helpful to us:

Signature _____

Date _____

**Please return application to: Covenant Youth of Alaska
PO Box 203356
Anchorage, AK 99520
Or Fax: 888. 583.4124**

If you have questions email: info@cyak.org