**First African Methodist Episcopal Church**

**Reverend Dr. Carey G. Anderson - Senior Pastor**

**MINISTRY APPLICATION FORM**

Thank you for taking the initiative to start serving within the First AME Church family.

Fellowship, camaraderie and new friendships are some of the many by-products of serving our Lord Jesus Christ in a ministry that endeavors to reach others. Whether you serve in our adult, youth, children’s area, or other ministries, you will find opportunities that fit every skill and personality.

The first step to becoming a Volunteer Minister at FAME Church is to complete the Volunteer Ministry Application found in this packet. Soon after you’ve returned your application, you will be contacted by one of our ministry leaders who will then schedule a time to meet with you personally, if they haven’t met with you already.

If you have any questions about the application process, please call the church office Tuesday through Friday, 10am – 4pm. 206-324-3664 or by email fame@fameseattle.org.

We look forward to having you be a part of all that God has given us to do.

**GENERAL APPLICATION: REQUIREMENTS FOR FIRST AME CHURCH MINISTRY**

**Prerequisites to Ministry**

* Agree with the Statement of Faith of FAME Church
* Be in regular church attendance a minimum of 3 months
* Complete this application for Volunteer Ministry
* Complete and have cleared Criminal Background/Child Abuse Check where applicable
* Be amenable to the church ministry core values and the Doctrine and Discipline of the African Methodist Episcopal Church, Inc.

**Requisites for FAME Ministry**

* Be faithful to attend regular church services
* Give at least two day’s notice if you know you will be absent, and work to find a replacement, if possible
* Be at your designated post 15-30 minutes before starting time, depending on the ministry’s needs
* Dress appropriately based on ministry’s needs
* Give thirty days notice when resigning your position, if possible
* Be committed to your assigned position
* Balance priorities for family with ministry duties
* Attend all meetings, workshops, and training courses in your area of ministry

**Special Requirements for Children’s Ministry**

* Complete interview process with designated Pastor and/or other assigned personnel

**Special Requirements for Youth Ministry**

* Complete interview with Pastor or designated Youth Leader
* Successfully complete and pass background checks

**First African Methodist Episcopal Church**

**Reverend Dr. Carey G. Anderson - Senior Pastor**

**FAME VOLUNTEER MINISTRY APPLICATION**

Your completed application will be guarded with utmost confidentiality. Answers will not necessarily disqualify you from service and are not necessarily requirements.

GENERAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Phone Work Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Date of Birth

O Male O Female O Married O Single O Engaged O Widowed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MINISTRY INTEREST (PRINT BELOW)**

The best way to contact me is: O Home phone O Cell phone O E-mail O Other: \_\_\_\_\_\_\_\_

**First African Methodist Episcopal Church**

**Reverend Dr. Carey G. Anderson - Senior Pastor

 AUTHORIZATION FOR RELEASE OF INFORMATION and BACKGROUND CHECK**

 **PLEASE TURN THIS FORM INTO THE CHURCH OFFICE FOR PROCESSING**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAME DATE OF BIRTH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OF BIRTH COUNTY OF BIRTH STATE OF BIRTH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AKA and/or MAIDEN NAME GENDER

PLEASE NOTE: If your address is a rural route or post office box, we must have the city and

county that your mail is delivered to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT ADDRESS HOW LONG AT ADDRESS? (Months, years)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY COUNTY STATE/ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS ADDRESS HOW LONG AT ADDRESS? (Months, years)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY COUNTY STATE/ZIP

 \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ SS#: (necessary for background check) PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a photo copy of your driver’s license. A copy may be made at the church office.

**AUTHORIZATION FOR RELEASE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In connection with my application for volunteer service with First AME Church, I authorize First AME Church and/or their agents, to solicit background information relative to my criminal record history. I understand that First AME Church may conduct inquiries into my background that may include criminal records, my driving history, including any traffic citations, a social security number verification, present and former addresses, criminal and civil history/records, state sex offender records, personal references, and other public record reports pertaining to me.

**I authorize without reservation any person, agency, or other entity contacted by First AME Church, their agent, for purposes of obtaining background report information, to furnish the above mentioned information.**

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to First AME Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

I release First AME Church, their respective employees, or their agents providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE