



DREAM TEAM APPLICATION

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Date of Birth: ____ / ____ / ____ Occupation: _____

Phone: _____ Best time to reach you: _____ Email: _____

Text? Yes No Cell Service Provider: _____ Marital Status: Single Married Divorced Widowed

Family Information

Spouse Name: _____

Parent(s) Name: _____
(For Applicants under 18)

Children (living at home):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Spiritual Background

Have you committed your life to Christ? Yes No Approximate Date _____

Has your spouse committed his/her life to Christ? Yes No Approximate Date _____

Have you been baptized in water by immersion? Yes No Approximate Date _____

Were you baptized at Church In The Son? Yes No

Do you support the church with your tithe? Yes No Have you been baptized in the Holy Spirit? Yes No

Have you served on a ministry team at another church? Yes No

Do you read the Word and pray regularly? Yes No

Dream Team Involvement

What service(s) do you regularly attend? 9AM 11AM Wednesday

What service do you want to serve? 9AM 11AM Wednesday Saturday (Buddy Break)

How often do you want to serve? 1x Month 2x Month 3x Month Weekly As Needed

Select the top 3 Dream Teams you are interested in.

CHURCH LIFE	NEXT GEN*	CREATIVE	OPERATIONS
<input type="radio"/> Info Desk <input type="radio"/> Small Group Leader <input type="radio"/> Welcome Team <input type="radio"/> Guest Central <input type="radio"/> Host Team <input type="radio"/> New Life - Baptisms <input type="radio"/> New Life - Connections <input type="radio"/> Translators	<input type="radio"/> *Kids In The Son Elementary <input type="radio"/> *Kids In The Son PreK <input type="radio"/> *The MIX Wed - Middle/High School <input type="radio"/> *The MIX Mid Sun - 6-8 th Grade <input type="radio"/> *Buddy Break VIP Kids <input type="radio"/> CITS Young Adults	<input type="radio"/> Worship Team <input type="radio"/> Media <input type="radio"/> Production	<input type="radio"/> Café/Hospitality <input type="radio"/> Parking <input type="radio"/> Safety Team <input type="radio"/> Storehouse Food Pantry

*Church In The Son records must indicate you have been attending at least 6 months before actively serving in these areas.

Church Community Involvement

Please check all that apply:

- I belong to a Small Group Group Leader: _____
- I lead a Small Group
- I have attended Roots II Approximate Date: _____
- I have attended a God Encounter Approximate Date: _____
- I have attended a Community Nights teaching series at Church In The Son, i.e., Men, Women, Spiritual Growth, Stewardship, Marriage, Parenting, etc.

Personal Background

Please let us know if you have any skills or ministry experience that would be beneficial to the church:

Have you ever held a position of trust where you handled money or confidential material? Yes No

Do you have any habits or areas in your personal life or past that might hinder your service or ministry? Yes No

If yes, please explain:

Church History

Let us know a little bit about the churches you have attended if applicable:

Church _____	Church _____
Pastor _____	Pastor _____
City & State _____	City & State _____
How long did you attend? _____	How long did you attend? _____
Reason for leaving _____	Reason for leaving _____

Character References

Please list the names of two people we may contact as character references on your behalf:

Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____
How long have you known this person? _____	How long have you known this person? _____

Statement of Support

I will support the pastoral team, and I will follow their instructions concerning my area of ministry without deviation. I will always seek to promote unity and love at the church, and in my area of ministry. I will not gossip or betray a confidence. I will report all problems, questions, needs, or complaints that I see at the church or in my ministry to one of the Pastors, and I will inform the same if I am unable to fulfill my ministry for any reason.

Signature _____ Date _____

Background Check Authorization

Church In The Son reserves the right to perform background checks on any of its workers due to legal and/or discretionary purposes. Applicant's birth date, social security number, current address, and signature are required. This information is to be completed by all applicants for any position (volunteer or compensated). This information is confidential, and will be used to provide a safe and secure environment in our programs and facilities. Background checks will be renewed every five years.

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information may disqualify me from further consideration and may result in removal if discovered at a later date.

I, the undersigned, give my authorization to Church in the Son or its representatives to perform a background check for record purposes where necessary, and for such information from national, state, and local law enforcement agencies to be released to:

Church in the Son
4484 John Young Parkway
Orlando, FL 32804

Please Print:

Last Name	First Name	Middle Initial
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Current Address: Street, City, State, Zip Code

Social Security Number	Date of Birth
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Driver's License No. (If No SSN)	DL State of Issue
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Have you ever been arrested? Yes No

Have you been charged with a crime? Yes No

Signature	Date
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