MINISTRY APPLICATION PROCESSING

_____ Church of the Nazarene
Street address
City, State, Zip
(For office use only)

Name of ministry applicant: _____

_____ Completed/signed ministry application   Date received: _____

_____ Photograph of applicant on file   Date received: _____

_____ Interviewed by: _____   Date interviewed: _____
      (Interview questions/responses placed in file)

_____ References contacted (minimum of 2 references)   Date completed: _____
      (completed reference check forms placed in file)

_____ Criminal background check completed   Date completed: _____
      (background check findings placed in file)

Applicant status   _____ Accepted   _____ Rejected

Reason for rejection: _____

_____

_____ Safety Training Completed   Date: _____

Annual Training/Review

Date completed: _____

Date completed: _____

Date completed: _____

Date completed: _____

Date completed: _____