

**APPLICATION**  
**Director of Youth Ministries**

**Return to:**

**LakeRidge United Methodist Church**  
**Attn: Brian Brownlow**  
**4701 82nd Street - Lubbock, Texas 79424**  
**OR email to: [bbrownlow@lakeridgeumc.org](mailto:bbrownlow@lakeridgeumc.org)**

**All questions must be answered.**

Name: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer/Position \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Business): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Years experience in this position: \_\_\_\_\_

1. If supervisor is not listed as a reference, may we contact him or her? Yes          No

**EDUCATION:**

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

\_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

\_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

\_\_\_\_\_

**A. SPIRITUAL INVENTORY**

1. *In a separate attachment*, briefly describe your initial Christian commitment and some of the high points of your journey in the Christian faith to the present:

2. How would you describe your theological orientation?

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**B. PERSONAL INVENTORY**

1. Do you use tobacco?    Yes            No

2. Do you use alcoholic beverages or other drugs?    Yes            No

3. Do you uphold by practice and conviction the United Methodist position on "fidelity in marriage and celibacy in singleness?"

Yes            No

4. Do you uphold, by practice and conviction, the United Methodist position on homosexuality which says, "We do not condone the practice of homosexuality and consider this practice incompatible with Christian teaching?"

Yes            No

5. a) Have you ever been convicted of any criminal offense?    Yes            No  
If yes, please explain. If yes, please provide details:

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## REFERENCES

Include supervisors and persons who have observed you in ministry

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_  
EMAIL \_\_\_\_\_  
RELATIONSHIP: (i.e. supervisor, parent, etc): \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_  
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EMAIL \_\_\_\_\_  
RELATIONSHIP: (i.e. supervisor, parent, etc): \_\_\_\_\_