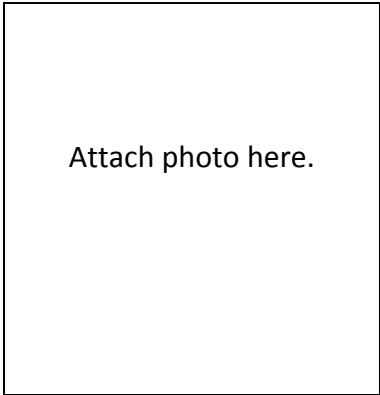




# HIS MANSION MINISTRIES

P.O. Box 40 • Hillsboro, NH • 03244

Phone: (603) 464-5555 • Fax: (603) 464-5658 • www.hismansion.com



Attach photo here.

## SERVANT LEADER APPLICATION

Desired Start Date: \_\_\_\_\_

### **PERSONAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

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

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

Permanent (Mailing) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_ Height \_\_\_\_\_ ft/in Weight \_\_\_\_\_ lbs

Marital Status \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced

Do you have children? \_\_\_ Yes \_\_\_ No

If yes, what are their ages?

\_\_\_\_\_

Do you have custody? \_\_\_ Yes \_\_\_ No

### **EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about His Mansion?

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

Who or what was instrumental in your decision to apply to the His Mansion Servant Leader Program?

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

**EDUCATION**

List all other high schools, colleges/universities, or graduate schools you have attended.

School Name	Location	Dates Attended	Graduation Date

Degrees: \_\_\_\_\_

If you left school prematurely, please explain why.

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

**EMPLOYMENT**

Are you currently employed? \_\_\_ Yes \_\_\_ No

a. Employer \_\_\_\_\_

b. Position \_\_\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_

c. Length of Employment \_\_\_\_\_

d. Supervisor's Name \_\_\_\_\_

May we contact your employer? \_\_\_ Yes \_\_\_ No

If not, why? \_\_\_\_\_

Approximately how many other jobs have you had? \_\_\_\_\_

Have you served in the military? \_\_\_ Yes \_\_\_ No

If yes, how long? \_\_\_\_\_ What branch? \_\_\_\_\_

Please list previous employment/service experience that would be relevant to your service at His Mansion.

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

If you have ever had to leave or been asked to leave an employment or service position prematurely, please explain the occurrence in detail on a separate sheet of paper.

**CHURCH INFORMATION** – Please provide information about your *current* church community.

Church Name \_\_\_\_\_

Church Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you a member? \_\_\_ Yes \_\_\_ No      How long have you attended there? \_\_\_\_\_ Years \_\_\_\_\_ Months

Have you discussed your intent to serve at His Mansion with your pastor and/or church leadership?

\_\_\_ Yes \_\_\_ No

May we contact your pastor to discuss your application? \_\_\_ Yes \_\_\_ No

If not, why?

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

**PERSONAL HEALTH**

Please answer the following questions. Answering “yes” to any of the following questions will not necessarily disqualify you from service at His Mansion. We respect and value your honesty. Please provide a brief explanation for any item that you check “yes.” Feel free to attach a separate sheet to further explain your answers.

Please list and explain any medical conditions or health issues.

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

Have you received any diagnosis from a mental health professional? \_\_\_ Yes \_\_\_ No

If yes, what is the diagnosis? \_\_\_\_\_

Do you take any prescribed medications in accordance with a physician's direction? \_\_\_ Yes \_\_\_ No

If yes, please list the medication(s) and the dosage(s)?

\_\_\_\_\_

Is your diet restricted? \_\_\_ Yes \_\_\_ No

If yes, please explain.

\_\_\_\_\_

Do you have any allergies (e.g. drug, food, seasonal, animal, etc...)? \_\_\_ Yes \_\_\_ No

If yes, please explain.

\_\_\_\_\_

Does anything hinder you from doing physical work, including heavy lifting (e.g. back, neck, knee problems, etc.)?

\_\_\_ Yes \_\_\_ No

If yes, please explain.

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Have you ever been charged with or convicted of a criminal act, regardless of whether the conviction was later set aside or expunged? \_\_\_ Yes \_\_\_ No

If yes, please provide the details of the charge(s) and the outcome – including sentencing, if applicable.

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### **ESSAY QUESTIONS**

Please answer the following questions. Your answers will help us get to know you as a person. Please take the appropriate time to reflect and answer these questions on a separate sheet of paper in **no more** than two paragraphs per question. We value your honesty and thoughtfulness.

1. Who are you? How would you describe yourself?
2. How did you come to know God? Describe your relationship with God.
3. In your understanding, what is the Gospel?
4. What do you believe about the Bible? What role does it play in your life?
5. Why do you want to serve at His Mansion? How do you hope to grow by serving at His Mansion?

### **REFERENCES**

Please list three people we may contact for reference and perspective on you as a person. Do not use relatives or close friends. Please use people who know you well and are able to maintain an objective perspective of you, such as pastors, elders, ministry leaders, mentors, teachers, supervisors, etc.

#### **1. Reference One**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**2. Reference Two**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**3. Reference Three**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Please read the following statement and sign below.

I hereby certify that the answers and other information on this application are true and correct to the best of my knowledge. I understand that any misrepresentation of material(s) or omission of facts on my part will be grounds for the denial of my application and/or dismissal from my service at His Mansion Ministries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL YOUR APPLICATION TO:**

His Mansion Ministries  
P. O. Box 40  
Hillsborough, NH 03244-0040  
Attn: Director of Programs

**A photo must be attached in order for the application to be processed.**

**Faxed applications will not be accepted.**