



New Ministry Start-Up Application

All information will be kept confidential by Candlelight Staff

Instructions – PLEASE READ:

1. This application is for a new ministry start-up at Candlelight.
2. This application needs to be approved by our Executive Pastor and the Elder Board. The Pastoral Staff will discuss the adoption of the ministry in view of the church’s mission and plans for available facilities. After review of your ministry, we will contact you if it’s approved.
3. Please read our Statement of Faith before returning this application. Copies are available at the Information Desk or online at www.candlelight.org.
4. If your ministry is an ongoing ministry to be approved, it is possible a Background Check Application will need to be completed.

Today’s Date: _____

Last Name: _____

First Name: _____

Spouse’s Last Name: _____

Spouse’s First Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone #: _____

Cell #: _____

Email: _____

Please answer questions below:

Do you attend Candlelight regularly? Yes No If yes, for how long: _____

Will you be the Ministry Leader for this new ministry? Yes No If yes, for how long: _____

Yes, I have read the Statement of Faith (#2 above) Initials: _____ Are you a member of Candlelight? Yes No

Please describe the ministry you are interested in: _____

What resources will be needed to make this ministry work (materials, facilities, equipment)? _____

Is this an on-going ministry? Yes No If yes, how many times a month will you meet?: _____

How will this ministry minister to others?: _____

Please provide paperwork in reference to the ministry you are representing (flyer or detailed information in written form).

Please describe your relationship with Jesus Christ: _____

Statement of Commitment:

Participation as a Ministry Leader Volunteer, includes, but is not limited to a lifestyle befitting a Christian, a willingness to regularly attend and support the gatherings of the fellowship, and the desire to maintain accountability with the church in life and conduct. Understanding that it is the Lord who ultimately changes us, we assume that by signing this form, it is your desire to allow the Lord to continue to shape and mold you.

Signature: _____

Date: _____

-----*Official Use Only*-----

Received By: _____

Date Received: _____

Approved By: _____

Date Approved: _____

Not Approved By: _____

Date Not Approved: _____

Reason Not Approved: _____