



Student Leadership Application

A. General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Text: Y N

Email Address: _____

School you attend: _____ Current Grade: _____

Facebook: Y N Twitter: Y N Instagram: Y N

Do you attend church services regularly? Y N If yes, where? _____

B. Life Questions *(Please complete on a separate page, keep answers to the point and no longer than a paragraph)*

1. How did you become a Christian?
2. Summarize God's plan of salvation.
3. What do you feel are the greatest needs of students today?
4. Share your vision for the type of student ministry you would like to be part of.
5. What gifts do you have that would be helpful in ministering to students and contributing to the work of the student ministry?
6. Why do you desire to work with FBCM Student Ministries?