



Application Fee: \$75 (non-refundable)

Participant Application

Name: _____ Date of Birth: _____
First Middle Last

Name Preferred: _____ Gender: Female Male

Final 4 digits of your SSN #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Church Name: _____

Church Address: _____

Church City: _____ State: _____ Zip Code: _____

Position: Senior Pastor Associate Pastor Number of Years: _____

If married, please complete the following information regarding your spouse:

Name: _____ Years Married: _____

Children:

Name	Sex	Age

Primary Language: _____ Secondary Language: _____

Credentials:

Commissioned? No Yes Date: _____

Licensed? No Yes Date: _____

Ordained? No Yes Date: _____

If no, do you intend to seek ordination? Yes No

Educational Background

	Undergraduate	Undergraduate	Graduate	Graduate
Units Completed				
Degree Earned				
Date of Degree				
School Name				

Additional Work Experience (two most recent)

Company/Church Name: _____

Location: _____

Job Title/Position: _____

Job Responsibilities: _____

Skills Most Utilized: _____

Dates Worked: _____ Reason for Leaving: _____

Company/Church Name: _____

Location: _____

Job Title/Position: _____

Job Responsibilities: _____

Skills Most Utilized: _____

Dates Worked: _____ Reason for Leaving: _____

Your expectations of SHAPE (please use additional pages if needed):

Why do you want to participate in SHAPE?

What do you hope to gain from your participation in SHAPE?

How do you expect your ministry to change as a result of your participating in SHAPE?

I release my results for the following assessments to the regional application team. These results will be held in strict confidence.

- 16 PF
- DISC

I have read the Participant Covenant and commit to the expectations of this covenant.

I have shared the Participant and Congregational Covenants with my congregational leaders and they commit to support my participation in SHAPE Indiana through prayer, finances, and time.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Submission Instructions: All SHAPE Indiana application forms and inquiries should be directed to:

SHAPE Indiana
Indiana Ministries
13300 Olio Rd, Suite 303
Fishers, IN 46037
Phone: 317-773-6477
SHAPE@indianaministries.org

Applications and assessments are confidential and held in separate files from one's state credentials file.