

BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE	INVOLVEMENT: (CHECK ONE) <input type="checkbox"/> Lead/Senior Pastor <input type="checkbox"/> Assistant Pastor <input type="checkbox"/> Evangelist <input type="checkbox"/> Missionary <input type="checkbox"/> Bible Teacher <input type="checkbox"/> Youth Minister <input type="checkbox"/> Children's Minister <input type="checkbox"/> Lay Minister <input type="checkbox"/> Other (Please specify):		
	CHURCH / MINISTRY NAME		
	ADDRESS	CITY	STATE / PROVINCE
		POSTAL CODE	COUNTRY
	YOUR TITLE	(REQUIRED) START DATE (MM/YYYY)	(REQUIRED) STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
	WERE YOU: <input type="checkbox"/> Full-time Paid Staff <input type="checkbox"/> Part-time Paid Staff* <input type="checkbox"/> Part-time Volunteer* (*If part-time, include attached recommendation form from your pastor/ministry organization leader.)		
	HOW MANY TIMES A YEAR DID YOU TEACH?		
	VERIFYING STAFF MEMBER'S NAME?	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBERS'S PHONE NUMBER (with AREA CODE)

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MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.