



EMMANUEL  
CHRISTIAN CHURCH

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## Ministry Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you been attending ECC? Years \_\_\_\_\_ Months \_\_\_\_\_

Ministry to which you are applying: \_\_\_\_\_

Do you have prior experience in this type of ministry? ☐ Yes ☐ No

If yes, where did you serve in this capacity: \_\_\_\_\_

For how long? Years \_\_\_\_\_ Months \_\_\_\_\_

Will you agree to a background check? ☐ Yes ☐ No

Please list three references, include name and contact information. One reference must be from Emmanuel Christian Church, Hackensack (reference cannot be from the pastor).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

☐ I agree to have my references contacted by the church (please provide your reference's phone number).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

Please write your testimony in your own words. Use the back of the sheet if you need more space.

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