



46-04 31 st Ave. – Long Island City, NY 11103  
Phone: (718) 204-6471 Fax: (718) 204-6998  
[www.NYSUM.org](http://www.NYSUM.org)

# Associate Staff Application

Who should apply?

A born-again, committed, mature Christian. 18yrs old or older, who is out of high school.  
Anyone looking for ministry and not a job.

Name: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

In case of an emergency, Notify: (Name, Address, Phone #:) \_\_\_\_\_

Highest level of education achieved:  High School  College  Degree

Name of college you attended: \_\_\_\_\_ # years attended: \_\_\_\_\_

Field of study: \_\_\_\_\_

Special interests/hobbies: \_\_\_\_\_

Special talents (i.e. piano, arts, singer): \_\_\_\_\_

Most recent employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe your present state of health. Have you consulted or been referred to a physician or psychotherapist because of any significant organic or emotional illness in the last three years?  
\_\_\_\_\_ No \_\_\_ Yes (If yes, please explain) \_\_\_\_\_

Church name: \_\_\_\_\_ Yrs attended: \_\_\_\_\_

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

Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Two references are required. Attached – a “Pastor’s Reference Form’ must be filled out and sent directly to Rev. Peter DeArruda at the address at the top of this application.

How did you become a Christian, and describe what God has been doing in your life since then: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve at NYSUM? \_\_\_\_\_  
\_\_\_\_\_

What experience have you had in community living, other than home? \_\_\_\_\_  
\_\_\_\_\_

Evaluate your personal strengths and weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Do you have any experience in leadership positions? \_\_\_\_\_  
\_\_\_\_\_

What are your expectations as a staff member? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted for child abuse or a crime involving actual or attempted sexual molestation? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you prefer, you may discuss your answer with the Executive Vice President personally)

**DOCTRINAL STATEMENT**

WE BELIEVE: The Bible to be the inspired Word of God. In the triune Godhead. In the deity of Jesus Christ. In evangelistic fervor and endeavor. That regeneration by the Holy Spirit is essential to salvation. In the baptism of the Holy Spirit and His continuing ministry through charismatic gifts. In Christ's imminent personal return.

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information \*(including opinions) that they may have regarding my character and fitness for ministry. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the policies of NYSUM, submit to the Leadership, and to refrain from unscriptural conduct in the performance of my service on behalf of this ministry.

Dates available for interview: \_\_\_\_\_ Date you can arrive to serve at NYSUM: \_\_\_\_\_  
Please send a recent photograph of yourself with this application. Mail or fax application to:

NYSUM  
Mrs. Yolanda Planas Cartagena  
46-04 31<sup>st</sup> Ave. LIC, NY 11103  
Tel: (718) 204-6471 Fax: (718) 204-6998

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY: 1<sup>ST</sup> INTERVIEW: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

START DATE: \_\_\_\_\_