C.L.I.M.E. TEAM SUPPLEMENTAL APPLICATION

Ap	pplicants Name:	D.O.B	
Ac	Address: Phone: () Email:		
1.	Please detail your church involvement and attendance over the past 12 mg	onths.	
2.	Please list what you feel are your strengths in areas of:		
	Character:		
	Attitude:		
	Spiritual life:		
	Physical:		
3.	How do you feel your strengths would benefit the C.L.I.M.E. Team?		

	Character:	
	Attitude:	
	Spiritual life:	
	Physical:	
5.	How would you benefit in these areas from serving on the C.L.I.M.E. Team?	
6.	. Please share three goals you have for your life.	
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7.	On another sheet (preferably typed) please answer two of the three essay questions:	
	• How do you feel serving on the C.L.I.M.E. Team will impact your future service in church or other ministry?	
	• Share your favorite passage of Scripture and explain how this has had an impact on your life.	
	• If you were accepted to become part of the C.L.I.M.E. Team what would you see as the most exciting aspect of the program for you?	
8.	Please share any other thoughts or comments you would like to make about yourself that may not have been covered in previous questions. Note: (this is optional, it is only to help us get to know you better)	

4. Please list what you feel are your weaknesses in areas of: