

Sojourner's Café Servant Inquiry

Date: _____

Last Name

Middle Initial

First Name

Street Address

City, State, Zip Code

Email Address: _____ Phone # (_____)_____

Name you desired to be addressed by: _____

Occupation: _____

1. Does your relationship with God make you sure that you will go to heaven when you die?

Yes or No

2. What do you think that God's requirements are for you to get into heaven?

3. How long have you been a committed part of your church? _____

Church Name: _____

Church Address: _____

Church Phone #: _____

Pastor's Name: _____

4. What part of Sojourner's Café do you feel led to be a part of and why?

5. Can you joyfully submit to the leadership of Sojourner's Café? Yes or No

6. Do you have any prior training in serving at a coffee house? If so, where and how long.

7. What long range committment can you make? _____

8. How much time do you feel you can commit to Sojourner's Café weekly? _____

9. Ministry Leader Reference (i.e. Pastor, Youth Pastor, Childern's Ministry Leader, etc.):

Name: _____ Phone # _____

Character Reference (i.e. Co-worker, parent(s), etc.)

1. Name: _____ Phone # _____

Relationship: _____

2. Name: _____ Phone # _____

Relationship: _____

10. Please write any comments, questions, concerns, or suggestions you may have.

Sojourner's Café is a resting place for the weary soul. To assure that it remains this way, we have two pillars of our foundation that we believe will promote this rest. 1. Everyone knows that they are loved. 2. They are safe. To ensure these two pillars, will you submit to a background check? \$15

Sign and Date x _____

If a minor, parent or guardian must sign and date:

X _____ Print _____

Return completed form to Sojourner's Café management as soon as possible.