

If yes state cause _____

Are permanent effect from illness? _____

Have you ever used: (1) Tobacco YES _____ NO _____

(2) Alcohol YES _____ NO _____

(3) Hard Drug YES _____ NO _____

What level of Education do you have? _____

Are you in debt? YES _____ NO _____

What church activities are you involved in? _____

Nearest relative (not Husband or Wife) to be notified in case of emergency:

Name: _____

Relation's Address _____

City _____

Identify the denomination in which you consider yourself to be raised _____

Have you been involved with any other religious, cult or group before you received Jesus? YES NO

Please specify? _____

List the name of the Church you consider yourself a member of

Names of persons to whom letters of recommendation were given

i. _____

ii. _____

Do you have a define call to full time Ministry YES _____ NO _____

Identify areas of Ministry you fill God is calling you

Pastor

Helps

Teacher (Children)

Teacher (Adult)

Evangelist

Missions

Music

Email Address: _____