



PERSONAL

Full Name _____ Spouse Name _____

Address _____ Phone _____

City/State/Zip _____ Cell Phone _____

Birthdate _____ Spouse Birthdate _____ Email _____

Ethnic Background _____ Language Proficiency Other Than English _____

US Citizen YES NO If NO, Other Citizenship _____

Marital Status: Single Engaged Divorced Divorced & Remarried Married Annulment Dissolution
Spouse: Divorced Divorced & Remarried Married Annulment Dissolution

EDUCATION

Self: High School Some College College Seminary Other

Spouse: High School Some College College Seminary Other

CHURCH MEMBERSHIP

CHURCH NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ E-MAIL _____

NAME OF PASTOR _____ PHONE _____

Does Church have any AFFILIATION? NO YES, name of Association _____

In what area of ministry are you interested in serving? Church Planting Church Building

Other (please specify) _____

**When submitting this questionnaire, please include a signed copy of the Declaration of Faith and Policy on Separation (and, if applicable, any reservations or disagreements you may hold with either).
If applying as a married couple, husband and wife must sign both forms.**

Date

Signature

Spouse Signature