

CTP Graduation: _____

FITS (ACTS/SOM) Graduation: _____

Do you contribute financially to FFMWOC? Yes/No

Because we believe in restoration and forgiveness, it is important for your protection that we know the following: Have you been convicted of any crime in the past five years (ever?)? Yes/No

Do you use illegal drugs? Yes/No

Personal References (Please do not include your employees or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Phone 1 (H/W/C): _____

Phone 1 (H/W/C): _____

Phone 2 (H/W/C): _____

Phone 2 (H/W/C): _____

Affiliation: _____

Affiliation: _____

Pastoral Reference (Pastor/Pastoral Staff from previous church attended)

Name: _____

Address: _____

Phone: _____

Applicant's Statement

The information contained in this Application is correct to the best of my knowledge. I authorize and reference of churches listed in this application to give you any information they may have regarding my character and fitness for service. I further authorize Faith Fellowship Ministries to utilize the information contained in this application to conduct a reasonable investigation of my background, suitability and fitness for service at Faith Fellowship Ministries.

I hereby release the references provided herein and Faith Fellowship Ministries from Liability for any damage that may result from furnishing such evaluations to Faith Fellowship Ministries and I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to abide by the Statements of Faith, Code of Discipline, Religious Tenets, Constitution, Bylaws and all written policies of Faith Fellowship Ministries, and to refrain from any unscriptural conduct in the performance of my service to or for the benefit of Faith Fellowship Ministries.

Applicant's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

FFM Use Only

Date Received: _____ Approved: _____

Accounting: _____ Date: _____

Counseling: _____ Date: _____

CTP: _____ Date: _____

Membership: _____ Date: _____

Badge Needed: _____ Date Complete: _____

