



FAITH FELLOWSHIP MINISTRIES WORLD OUTREACH CENTER WORKER'S APPLICATION ADDITIONAL DEPARTMENTS

Revised 8.2.05

Department you are applying for: _____

Name: _____ Date of Birth: ___/___/___

Gender: Male/Female

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Home / Work / Cell Best Contact Time: _____

Phone 2: _____ Home / Work / Cell Best Contact Time: _____

E-mail Address: _____

CID#: _____ Social Security #: _____

Marital Status: Single / Married / Divorced / Widowed / Separated / Remarried

Spouse's Name: _____ Are you a U.S. citizen: Yes/No

Have you been convicted of any crime in the past five years (ever)? Yes/No

Do you use illegal drugs? Yes/No

Do you contribute financially to FFMWOC? Yes/No

Have you ever been asked to leave any department at FFM? If yes please explain: _____

Are you involved in any other department? Yes/No If yes please list. _____

CTP Graduation: _____

FITS (ACTS/SOM) Graduation: _____

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:** _____

