

## Online Appointment Application

I. PERSONAL INFORMATION			
1)	<b>Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
2)	<b>Title:</b> Ms. <input style="width: 30px; height: 15px;" type="checkbox"/>	Mrs. <input style="width: 30px; height: 15px;" type="checkbox"/>	Mr. <input style="width: 30px; height: 15px;" type="checkbox"/> Dr. <input style="width: 30px; height: 15px;" type="checkbox"/>
3)	<b>Gender:</b>		
4)	<b>Marital Status:</b>		
5)	<i>Age: (If the age is under 18, the Minor Form needs to be downloaded and uploaded with the signature in the same Online Form for an appointment request) See the Minor Form at the end of this document.)</i>		
6)	<b>Country of Birth:</b>		
7)	<b>US citizen: (Yes or No)</b>		
8)	<b>Are you a CFNI student? (Yes or No)</b>		
9)	<b>If yes, what is your ID #?</b>		
10)	<b>Are you a CFNI alumnus? (Yes or No)</b>		
11)	<b>Address:</b>		
12)	<b>Email:</b>		
13)	<b>Home Phone:</b>		
14)	<b>Cell Phone:</b>		
15)	<b>Is this Online Application for yourself? (Yes or No)</b>		
16)	<b>If your answer is "No" please, tell us your name and relationship with applicant.</b>		
	a. Name / Last Name:	<input style="width: 100%; height: 15px;" type="text"/>	
	b. Phone Number:	<input style="width: 100%; height: 15px;" type="text"/>	
	c. Relationship with applicant:	<input style="width: 100%; height: 15px;" type="text"/>	
II. FAITH RELATED			
1)	<b>Are you a born-again Christian?</b>		
2)	<b>What is your denomination?</b>		
3)	<b>What do you expect God to do for you through The Restoration Center?</b>		

III. MEDICAL INFORMATION	
1)	Name of personal physician/clinic:
2)	Medical considerations:
3)	Do you smoke or use tobacco in any form?
4)	Do you drink alcohol in any amount?
5)	Supply any other information that might be helpful for the staff to know:

IV. HOUSING ACCOMMODATIONS	
1)	Do you need housing accommodation? ___ Yes ___ No
2)	If so, how many rooms? ___ one room (\$60 per night) ___ two rooms (\$80 per night)
3)	Do you identify as someone who is living with a disability that prevents you from being able to go upstairs? ___ Yes ___ No

V. ABOUT CFNI	
How did you know about Restoration Center at CFNI?	
1)	Online website:
2)	Magazine:
3)	CFNI Staff:
4)	Friends / Family:
5)	Other: <input type="text"/>