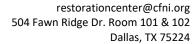


## Potential Ministry Member - Application Form

GENERAL INFORM	TATION		
Name:	Middle Initial:	Last Nam	e:
Title: Ms.	Mrs.	Mr. 🔲	Dr
Gender:			
Marital Status:			
Age:			
Country of Birth:			
US citizen: (Yes or No)			
Are you a CFNI student? (Yes or No)			
If yes, what is your ID #?			
Are you a CFNI alumnus? (Yes or No)			
Address:			
Email:			
Home Phone:			
Cell Phone:			
FAITH RELATED			
Are you a born-again Christian?			
What is your denomination?			
,			
Have you received the Baptism of the Holy Spirit?			
CALL TO THE MIN	ICTDV		
CALL TO THE MINISTRY  Why do you want to be a part of this ministry?			
wny ao you want	to be a part of this ministry?		
Do you have a definite calling for the Deliverance and Inner Healing Ministry?			
What do you eyn	ect God to do for you through	The Restoration Cont	er?
What do you expect God to do for you through The Restoration Center?			





BACKGROUND INFORMATION			
Name of personal physician/clinic:			
Medical considerations:			
Do you battle any form of addiction; such as, but not limited to:			
Smoke? Yes No Drink?YesNo			
Use illegal drugs?YesNo			
Compulsive behavior?YesNo Pornography?YesNo			
Comments: Additional?Yes No			
Have you ever been convicted of a crime? Yes No			
If so, what for?			
Please explain:			