

Potential Ministry Member - Application Form

GENERAL INFORMATION			
Name:	Middle Initial:	Last Name:	
Title:	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>
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 MINISTRY
Why do 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 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? ___ Yes ___ No
Use illegal drugs? ___ Yes ___ No	Use tobacco? ___ Yes ___ No
Compulsive behavior? ___ Yes ___ No	Pornography? ___ Yes ___ No
Comments:	Additional? ___ Yes ___ No
Have you ever been convicted of a crime? ___ Yes ___ No	
If so, what for?	
Please explain:	