

CALVARY COUNTRYSIDE FELLOWSHIP

MINISTRY APPLICATION FORM

Please base your answers in conjunction with Scripture when references are given.

Name _____ Age _____ Sex _____ Date _____

Marital Status _____ Address _____

City _____ Zip Code _____

Telephone (home) _____ (work) _____

How long have you been attending Calvary Countryside Fellowship? _____

Please indicate type of ministry you desire to be involved in _____

Check one or both: Adults _____ Children _____

Please answer the following questions:

1. When were you born again? (John 3:3-8) _____

2. What is a Ministry? (Ephesians 4:12-13) _____

3. What kind of Ministry experience have you had in the past? (If any.) _____

4. Where and how long? _____

5. What is the purpose of God's Word? (Romans 10:17; II Timothy 3:16-17) _____

6. Where did you study after conversion? _____

7. How long have you been studying God's Word? _____

8. Under whom have you studied? (Please give names, addresses, phone numbers, etc.)

9. What is the primary purpose of the Baptism of the Holy Spirit? (Acts 1:8; 1 Cor. 12:7-11)

10. Have you received the Baptism of the Holy Spirit? If so, when? (Acts 8:14-17) _____

11. What Gifts of the Holy Spirit are you aware of that are presently operating in your life?

12. Write a statement in your own words about your background, your attitude toward your own calling and why you desire to minister in this Body. _____

Applicant's Signature _____