

Apostolic Faith Church Minister Questionnaire

Title (Mr., Mrs., Ms.)		Legal First Name		Legal Middle Name		Legal Last Name	
Preferred Name for Correspondence						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact Information							
Home Address							
City/Town		State/Province		Country		Zip Code	
Mailing Address:							
City/Town		State/Province		Country		Zip Code	
Primary Phone (specify if work, home, or cell)				Alternate Phone (specify if work, home, or cell)			
Email				Other			
Family Information							
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Have you ever been divorced? <input type="checkbox"/> Y <input type="checkbox"/> N		Date of Birth (mm/dd/yyyy)		Wedding Date (mm/dd/yyyy)	
Spouse's First Name		Spouse's Maiden Name		Spouse's Date of Birth (mm/dd/yyyy)			
First name, birthdate, and gender of your children (example: Steven . . . 08/31/1918 . . . M)							
Spiritual History							
Year Saved		Sanctified		Baptized with Holy Spirit			
Year Water Baptized		First Year in Apostolic Faith		Are you faithful in tithing?			
Areas of Service							
In what ways have you served in the church (usher, Sunday school teacher, board member, etc.)?							
Date (mm/yyyy) of your first sermon		Location (city/town, state/province, country)			Who was your pastor?		
Current Status: <input type="checkbox"/> Group Leader <input type="checkbox"/> Minister <input type="checkbox"/> Pastor <input type="checkbox"/> Ordained <input type="checkbox"/> Have Minister's Manual <input type="checkbox"/> Credentialed							
Your name as it appears on most recent credential		Credential number		Date issued		Expiration date	
Current church location (city/town, state/province, country)				Current pastor			
Legal Questions							
Have you ever been convicted of, pled guilty to, or pled no contest to a crime or misdemeanor? <input type="checkbox"/> Y <input type="checkbox"/> N Have you ever been the subject of a sexual misconduct or child abuse investigation? <input type="checkbox"/> Y <input type="checkbox"/> N Is there any circumstance in your background that could call into question your integrity? <input type="checkbox"/> Y <input type="checkbox"/> N							
If you answered yes to any of the questions above, please explain.							
I hereby attest that the information contained in this application is correct and complete to the best of my knowledge.							
Signature				Date			