Personal & Family Information

This application is not to determine if you will be accepted into the ministry. **All are welcome to the ministry.** Please complete the following and return it to our in-covenant coordinator Sister Karleen Hull during the next time you fellowship at BJCF. If married
both parents should complete an application only one parent needs to enter children information

Marital Status: Single Married Divorced Widowed

Name Last _____ *First* _____ *MI* _____

Spouse Name _____

Address _____ *City:* _____ *State* _____ *Zip Code :* _____

Mailing Address if different from above : _____

Date of Birth (year optional) ____/____/____ **Wedding Anniversary Date:** _____

Social Security _____ *Home Phone:* _____
(tax purposes only not required)

Cell Phone: _____ **Email address:** _____

Employer : _____

Name	Age	Date of birth	M/F
1.			
2.			
3.			
4			
5			
6			

Previous Ministry Affiliation

Name of Ministry _____

Address: _____ City/State _____

Ministry Phone: _____ **Previous Pastors Name:** _____

Positions previously held : _____

What area of this ministry do you feel God is directing you to fulfill? _____

How did you hear about BJCF Friend Family Advertisement

Please give name: _____

Are you a born again Christian Yes No If Yes how long _____

Are you filled with the Holy Spirit: Yes No If yes, how long: _____

As a new member you are required to attend one of the following classed New Coverts or In-Covenant class. Are you willing to attend the required class YES NO

Are you willing to support the ministry with you finances and do you understand the biblical principals of tithes and offerings? YES NO

Are you willing to be teachable and submissive to sound biblical council and advice given from the pastor and leadership of BJCF? YES NO

Are you willing to pray and lift up the arms of the pastor in anyway possible? Yes No

After instruction and upon your agreement are you willing to abide by and to promote BJCF ministry standards and doctrinal beliefs? YES NO

If you are a business owner please feel free to attach your business card.

Type of business: _____

Applicant Signature : _____ **Date** _____