

The Fellowship

Application for Admission

**PERSONAL INFORMATION**

First Name:

Street Address:

City: State: Zip:

Email:

Phone:

Cell:

Birthdate:

Marital Status:  Name of Spouse (if applicable)

**CHURCH / MINISTRY INFORMATION**

Church/Ministry Name:

Address:

City: State: IL Zip:

Phone: Fax: Email:

Year Founded:

Year you began Pastoring: Are you the Founder? # of Members:

Service Schedule:

Office Hours:

Number of Staff Members & Positions Held:

Organizational/Denominational Background:

**ETHNIC BACKGROUND** (Optional) Please Mark Only One:

White Hispanic Black Non-Hispanic Bi-Racial American Indian or Alaska Native Asian or Pacific Islander

**Please give a brief description of your needs and/or concerns you may have in the**

**following areas:** (You may attach additional pages if necessary – handwritten or typed)

**1.** Personal Life**:**

**2.** Congregational Needs**:**

**3.** Pastoral Needs:

**4.** My expectations from The Fellowship are**:**