

4. Are you filled with the Holy Spirit with the manifestation of speaking with other tongues? Yes No
5. Are you presently praying (interceding) for the Ministry? Yes No
6. Why are you volunteering for this position? _____

7. Are you presently financially, (not by faith), tithing here at S.O.F.C.C., and you have been consistently tithing for at least six months (not every other pay period)? **For example:** if you earn \$500 bi-weekly, your tithes should be \$50, which does not include your offerings. Yes No If no, why not? _____

8. Are you in agreement with the Pastor's vision? Yes No

9. Are you committed to this Ministry? Yes No

10. Do you attend a med-week Bible Study here? Yes No

11. Will you receive instructions willingly so that we can maintain order? (Philippians 2:14)
 Yes No

12. Do you have any previous experience in the area of Ministry of Helps for which you are applying? If yes, in what capacity? _____

13. Have you worked in any area of Ministry of Helps at SOFCC and quit or were dismissed?
 Yes No If yes, where and why? _____

14. Have you attended a new Partners Meeting? Yes No

A. If yes, please give date _____

B. If no, why not? _____

15. Marital Status: Married Single Separated Divorced Widowed

16. Are you abusive (physically or mentally)? Yes No

17. Do you smoke, drink or use drugs? Yes No

18. Do you presently participate in any illicit (unlawful) sexual activity (i.e. fornication, adultery, masturbation, homosexuality, pornography, etc.) or anything else not mentioned? Yes No

19. Are you involved in any activity that would give the appearance of evil, (i.e., living with a roommate of the opposite sex to save money or for convenience, frequenting bars, clubs discos, etc.)?

20. Are you involved in the occult (i.e., witchcraft, Satan worship, astrology, etc.? [] Yes [] No

21. Have you ever been convicted of a misdemeanor or felony crime related to money?
[] Yes [] No If yes, when? _____

If you are applying for an area of ministry that may requires driving, please answer question No. 22 entirely.

22. Are you presently driving with a valid Driver's License?
[] Yes [] No

23. Were you ever accused of abusing a child physically or sexually? [] Yes [] No

24. Have you answered all questions truthfully and honestly? [] Yes [] No

Applicant's Comments: _____

Applicant's Signature: _____ (Date)

Parent/Legal Guardian's Signature: _____ (Date)

OFFICIAL USE ONLY

Date application received from partner _____ Receiver's Name: _____

Date given to Department Head _____ Filer's Name: _____

Name of interviewer/Date: _____

() Approved () Denied

Comments/Recommendation

Date application received from Department Head _____ Name of Receiver _____