

Ministerial Affairs Transfer Application

01 GENERAL INFORMATION

Please Print

1. Name: _____.
2. Address: _____.
3. City: _____ State: _____ Zip: _____.
4. Home Phone:(____) _____ Work Phone:(____) _____
Cell Phone:(____) _____ Email: _____.
5. Age: _____ Date of Birth: _____.
6. Male () Female ()
7. Are you a citizen of the United States? YES () NO ()
If no, please explain: _____.
8. Emergency contact: _____ Relationship: _____
Phone: _____

02 CHRISTIAN EXPERIENCE AND BACKGROUND

1. Date and Place of your conversion (salvation experience): _____
2. Have you been baptized in water, by immersion? () Yes () No
3. Are you a member of The Potter's House? () Yes () No
How long have you been a member? _____ Date/Year: _____
4. Have you taken the New Members Fresh Start Class of The Potter's House? () Yes () No
If so, give date attended: _____
5. Do you regularly attend Sunday service? () Yes () No
6. What Christian work have you done?

7. What is the name of your former church?

8. What is the name of your former Pastor?

9. Where is the area of your passion in ministry?

10. If you are not a member of The Potter's House, where is your current membership? _____

03 SCHOLASTIC AND VOCATIONAL DATA

1. State the last year of high school that you successfully completed. _____ If you are still attending college, please give the expected date of your graduation: _____
2. What is your degree? _____.
3. Please list below the Name, Address, Telephone Number, Dates Attended, and Degrees received of all Colleges or other post-high school institutions, which you have attended:

4. Have you ever been dismissed, suspended, or asked to withdraw from any school? () Yes () No
5. Have you ever been refused admission to any school? () Yes () No
6. Have you ever been warned about or placed on academic probation for low grades? () Yes () No

If yes, please give Name, Address, and Telephone Number of School: _____

7. Do you have ministerial credentials of any kind? () Yes () No

8. What type(s) of vocational or work experience have you had? _____

04 HEALTH DATA

1. Are you in good health? () Yes () No
2. What medications (if any) do you take? (List type, strength, and schedule for taking medicine):
_____.
3. Please list any illness, disability, or any other condition or limitation that could interfere with your studies.
_____.

X Applicant's full legal signature _____ Date: _____

Thank You and God Bless!!