

CHURCH PLANTING APPRENTICESHIP APPLICATION



FEB CENTRAL CHURCH PLANTING
175 HOLIDAY INN DRIVE, CAMBRIDGE ON N3C 3T2
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APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

SPOUSE'S NAME (IF APPLICABLE) _____

HOME CHURCH: _____

SCHOOL & YEAR OF STUDY: _____

4 REFERENCES: NAME AND CONTACT INFORMATION (ONE MUST BE YOUR PASTOR)

1.

2.

3.

4.

PERSONAL TESTIMONY:

A BRIEF OUTLINE OF RECENT OR CURRENT MINISTRY INVOLVEMENT IN LEADERSHIP AND HELPING ROLES:

EXPLAIN WHY YOU WOULD LIKE TO BECOME A CHURCH PLANTER:

EXPLAIN WHY THIS INTERNSHIP WOULD BE OF BENEFIT TO YOU:

SIGNATURE: _____ **DATE:** _____