

COQUILLE FOURSQUARE CHURCH

RESIDENCY PROGRAM APPLICATION

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Age: _____ Birthday: _____ Male Female

Allergies: _____

Shirt/Sweatshirt Size: S M L XL XXL XXXL

Emergency Contact: _____ Relation: _____

Phone Number: _____

RESIDENCY INTEREST

Why do you want to join the Residency Program?



What Ministry do you want to focus in? _____

Reason for Choice: _____

Are you willing to stay in a host-home for the duration of the Residency Program? Yes No

If no, explain: _____

FAMILY BACKGROUND

Marital Status: Single Engaged Married Widowed Divorce Separated

*** If you've ever been divorced or separated, attach a statement giving details.

Spouse's Name: _____ Date of Marriage: _____

Number and Ages of Children (If applicable): _____

If you are still living at home, please provide the following information:

Name of Father or Guardian: _____

Phone Number of Father or Guardian: _____

Accepted Christ? Yes No Occupation: _____

Name of Mother or Guardian: _____

Phone Number of Mother or Guardian: _____

Accepted Christ? Yes No Occupation: _____



How do your parents/guardians currently feel about you participating in the Residency Program? _____

EMPLOYMENT BACKGROUND

Are you currently employed? Yes No

Present Employer: _____

Present Position: _____ Date Hired: _____

Past Employer: _____

Position: _____ Date Hired: _____

Quit Laid Off Date: _____

ACADEMIC BACKGROUND

Name of High School: _____ Graduation Date or GED: _____

City: _____ State: _____ County: _____

List Colleges, Universities, or Other Schools you have Attended:

Name: _____ Location: _____

Date Attended: _____ Diploma/Degree: _____

Name: _____ Location: _____

Date Attended: _____ Diploma/Degree: _____



MEDICAL BACKGROUND

How would you describe your health? Excellent Good Fair Poor

List any physical limitations, disabilities, or diseases you have experienced:

List any medications you are currently using: _____

Have you ever used illegal drugs? Yes No If yes, date of last use: _____

Do you currently or have you ever struggled with the use and/or abuse of tobacco products? Yes No

If yes, explain: _____

Do you currently or have you ever struggled with the use/abuse of alcohol? Yes No

If yes, explain: _____

Have you ever been treated for an addiction? Yes No

Dates of Treatment: _____

How would you describe your mental health? Excellent Good Fair Poor

Describe: _____

Do you have Health Insurance? (Required upon entrance) Yes No

Insurance Company: _____ Policy Number: _____



CHURCH BACKGROUND

Name of Home Church: _____

Denomination: _____ City: _____ State: _____

Phone Number: _____

Name of Senior/Lead Pastor: _____

Name of Pastor Currently Serving Under: _____

Date Accepted Christ as Savior: _____

Have you been baptized in water? Yes No If Yes, date: _____

In what ways is the Holy Spirit active in your life? _____

Do you tithe regularly? Yes No

In what areas have you served in the church?

Area of Service	Years Experience	Details (Continue on back if necessary)
<input type="checkbox"/> Worship/Music/Choir	_____	_____
<input type="checkbox"/> Creative Arts	_____	_____
<input type="checkbox"/> Tech/ IT	_____	_____
<input type="checkbox"/> Teaching	_____	_____
<input type="checkbox"/> Preaching	_____	_____



- Children's Ministry _____
- Youth Ministry _____
- Young Adults' Ministry _____
- Missions _____
- Evangelism _____
- Small Groups _____
- Hospitality _____
- Administrative _____
- Other: _____
- Other: _____

Identify/Describe any training you have received, formal/informal, that you think is relevant:

FINANCIAL RESOURCES

Do you own your vehicle? (Required upon entrance) Yes No

Do you have car insurance? (Required upon entrance) Yes No

Insurance Company: _____ Policy Number: _____



What is your current total indebtedness (Include the total amount of any debts, loans, and payments that you presently have)? \$_____

Will your debts be paid off by the start of the Residency Program? Yes No

If no, how will you make payments? _____

LEGAL AND LIFESTYLE CONCERNS

Have you ever been arrested or convicted of a crime? Yes No

Have you ever been accused or convicted of any form of child abuse? Yes No

(If "Yes" to any of the above, please attach a statement giving details.)

PERSONAL RECOMMENDATIONS

Include one family member, the pastor you currently serve under, and a mentor or professional associate. Each should write up a recommendation that will be included with this application.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____



By my signature below, I authorize Coquille Foursquare Church to obtain information – written, oral, or other – and including information from a consumer reporting agency, bearing on my character, general reputation, personal characteristics, mode of living, criminal background, and driving background. I understand that this investigation may include interviews with friends, acquaintances, or others. The information I have given is correct and may be verified if necessary. I understand that if I am admitted to the Residency Program, I will be a volunteer at will, and Coquille Foursquare Church reserves the right to disqualify me from the Residency Program for any reason it deems appropriate. I hereby release and hold Coquille Foursquare Church harmless from all claims arising under this application.

Signature: _____ Date: _____

TO COMPLETE THIS APPLICATION, ATTACH THE FOLLOWING:

- A Recommendation from a family member.
- A Recommendation from the pastor you currently serve under.
- A recommendation from a mentor or professional associate.
- \$25 Application Fee

