

Community of Faith Training School Application

Applying for: (Circle one) Day School Module I (Night School) Module II (Night School)

(Please Print)
Full Legal Name _____ **Birth Date** _____
Address _____
Phone # _____ **Email** _____
Occupation _____ **Bus. Phone #** _____
Social Security # _____
Highest level of education completed: _____
Name of Faithgroup leader(s): _____
If you are married, will your spouse be participating in CFTS?
If you have children list names and ages below.

By my signature, I hereby release Community of Faith Christian Fellowship, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage, death, or loss, whether physical, mental, emotional, which may be sustained by me or my children during the course of my involvement with CFCF.
Signature _____ **Printed Name** _____

Please briefly answer each of the following questions, using additional sheets if necessary

1. How did you become a Christian?

2. Briefly describe your upbringing and family background:

3. How long have you been involved at Community of Faith/ in faithgroups?

4. Are you currently a member of Community of Faith?

5. Why do you desire to be a part of CFTS?

6. How do you see your involvement in CFTS helping you grow spiritually?

7. What are your views and understanding of the baptism of the Holy Spirit and the gifts of the Holy Spirit?

8. How do your parents/spouse feel about your involvement in CFTS?

9. Do you have the financial resources for this training?