

LOCAL BOARD OF ADMINISTRATION APPLICATION

APPLICANT INFORMATION					
Name				Date	
Address				Apt #	
City		State		ZIP	
Home Phone			E-mail		
Cell Phone			Referred By (person's name, bulletin, web site, etc.)		
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you a covenant member of Crosswinds Wesleyan Church?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long?		
If not, are you willing to become a covenant member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you married?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If married, does your spouse support your desire to be a part of the LBA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
VOLUNTEER INFORMATION					
Are you currently volunteering in a Crosswinds ministry area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, please list each area you are serving in (or have served in), and length of serving time.					
Ministry area # 1:				Length:	
Ministry area # 1:				Length:	
Ministry area # 1:				Length:	
Ministry area # 1:				Length:	
Ministry area # 1:				Length:	
CHURCH INFORMATION					
Please list the name(s) / dates of the churches you have attended within the last 10 years.					
Name:			Dates attended:	From:	To:
Name:			Dates attended:	From:	To:
Name:			Dates attended:	From:	To:
Name:			Dates attended:	From:	To:

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Please describe where you are currently in your spiritual walk with Jesus Christ (Please use a separate sheet of paper if necessary.)

Please explain why you would like to serve on the Local Board of Administration of Crosswinds Wesleyan Church. (Please use a separate sheet of paper if necessary.)

I hereby state that all of the information listed above is truthful and that I have answered all questions to the best of my ability.

I hereby freely give permission for the use of this information to the Crosswinds Wesleyan Local Board of Administration for the sole purpose of nomination to such LBA and waive my right to examine any confidential information about me provided by other persons.

Signature _____

Date _____