



RESIDENCY PROGRAM APPLICATION

Name _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Work Phone () _____ - _____

E-mail _____

Anticipated Start Date (circle one): June September Year _____

EDUCATION

College attended _____

Years completed _____ Degree earned _____

Graduate school attended _____

Years completed _____ Degree earned _____

Other school attended _____

Years completed _____ Degree earned _____

CALLING

Describe your conversion _____

Describe your calling to ministry _____

What are the top 2-3 experiences you had while in college? _____

What are the top 2-3 lessons you learned in college, outside of the classroom? _____

Define leadership. Are you a leader? How do you know? _____

Describe your ministry leadership experience so far. What are your top 2-3 leadership lessons
God has taught you? _____

PERSONAL REFLECTION

What are your leadership strength/growth areas? _____

What leaders most inspire you? Why? _____

Why are you interested in becoming a resident at Fairhaven Church? How do you hope to grow during your time here? _____

If we had to choose between you and another person to become a resident, why should we choose you? (sell yourself) _____

LEADERSHIP INFLUENCE

Please give us the names and information of two GREAT leaders who will affirm that you are a leader or an emerging leader.

First Leader:

Name _____ Title/Organization _____

Email Address _____

Second Leader:

Name _____ Title/Organization _____

Email Address _____

MINISTRY DEPARTMENT

If you were to become a resident, what ministry department would you like to serve in?

My 1st choice: _____

Children

Middle School

High School

College

Spiritual Formation

Worship

Missions/Outreach

Pastoral Care

Other _____

My 2nd choice: _____

Children

Middle School

High School

College

Spiritual Formation

Worship

Missions/Outreach

Pastoral Care

Other _____

My 3rd Choice: _____

Children

Middle School

High School

College

Spiritual Formation

Worship

Missions/Outreach

Pastoral Care

Other _____

BIBLICAL BELIEFS

Please attach to this application your brief responses to the following questions:

1. What do you believe about the inspiration and authority of the Bible?
2. What do you believe about the triune God?
3. What do you believe about the doctrine of salvation?
4. What do you believe about the person of Jesus Christ?
5. What do you believe about the Christian life and the Holy Spirit?
6. What do you believe about human destiny?
7. What do you believe about the importance of being committed to a local church? Why?

AGREEMENT

The undersigned applicant hereby certifies that the information contained on this Application for Fairhaven Church Residency is true and correct and that no material facts have been omitted which one could reasonably believe would reflect unfavorably on the church's decision. In addition, the undersigned authorizes Fairhaven Church to contact any person or institution listed on this application for residency (unless indicated otherwise) and to independently verify the correctness of the information provided.

Signature _____ Date _____

MAIL TO:

Please mail this application to:

Fairhaven Church Attn: Paul Clark
637 East Whipp Road
Dayton, OH 45459