

# PRELIMINARY MINISTERIAL TRAINING SCHOOL APPLICATION

..... (Date filled out)



FULL NAME .....  
(First name) (Middle name) (Last name)

PRESENT ADDRESS .....  
(Street) (City) (State) (Zip Code)

Birth: Date ..... Place .....  
(Month, day, year) (City) (State)

Congregation you associate with .....  
(Cong.) (City) (State)

Of what country are you now a citizen? ..... ( ) By Birth ( ) Naturalization

( ) Special Pioneer ( ) Circuit Overseer ( ) Regular Pioneer ( ) Bethel

( ) White ( ) Black ( ) Asiatic

( ) Single ( ) Divorced ( ) Separated ( ) Widower

Average hours past six months ..... Date of baptism .....

Are you an elder? ..... Ministerial servant? ..... How long? .....

If you are in full-time service, for how long have you served without interruption? .....

Were you ever a member of the Bethel family? ..... When? .....

Where? ..... Why did you leave? .....

Are there any persons dependent on you for support, and if so how many? .....

Describe the condition of your health .....

Do you speak, read, write and understand English? .....

What other languages do you speak and/or write? .....

How many years of secular schooling have you had? .....

Are you willing to accept any service assignment you may receive? .....

Do you have any debts or obligations that would prevent your going to another country for Kingdom service? .....

options that would prevent your going to another country for Kingdom service?

Are you willing to accept any service assignment you may receive?

How many years of secular schooling have you had?

What other languages do you speak and/or write?

Do you speak, read and understand English?

Describe the condition of your health.

Are there any persons dependent on you for support, and if so how many?

Where? Why did you leave?

Were you ever a member of the British family?

If you are in full-time service, for how long have you served without interruption?

Are you an elder? Ministerial servant? (how long?)

Average hours past six months Date of baptism

( ) Single ( ) Divorced ( ) Separated ( ) Widowed

( ) White ( ) Black ( ) Asiatic

( ) Special Pioneer ( ) Circuit Overseer ( ) Regular Pioneer ( ) Helper

Of what country are you now a citizen?

Organization you associate with

Birth Date (Month day year) Place (State)

PRESENT ADDRESS (Town) (Post) (Zip Code)

FULL NAME (First name) (Middle name) (Last name)

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