

# APPLICATION FOR SPECIAL METROPOLITAN PUBLIC WITNESSING

1. Legal name: .....  
(Last) (First) (Middle)
2. Address: .....  
(Street address or route and box) (E-mail address)  
 .....  
(City) (Province or state) (Zone or code) (Home phone) (Mobile phone)
3. Congregation: .....  
(Name) (City) (Province or state)
4. What languages do you speak fluently? .....
5. Date of birth: ..... / ..... / ..... Date of baptism: ..... / ..... / .....  
(Month) (Day) (Year) (Month) (Day) (Year)
6. Marital status: Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed ( )
7. Currently serving as: Field missionary ( ) Special pioneer ( ) Regular pioneer ( ) Publisher ( )  
 Elder ( ) Ministerial servant ( ) Other .....
8. Are you willing and able to follow theocratic direction on public witnessing? .....

<b>Please indicate your current weekday availability:</b>				
Symbols to be placed in the boxes below:				
M = Morning		A = Afternoon		E = Evening
H = Half day		F = Full day		NA = Not available
Monday	Tuesday	Wednesday	Thursday	Friday

<b>Please indicate below the number of weekend days you are available each month:</b>	
Saturday	Sunday

**Please note that completing this application is not a guarantee that you will be invited to participate in special metropolitan public witnessing.**

I understand that if I do not complete the application in its entirety, the elders may not be able to determine whether I qualify for this privilege of service. I have agreed to provide this application and the information herein to assist the body of elders in my local congregation to evaluate my qualifications for this privilege of service. I expressly consent to their collection and processing of my personal data. I further consent to the local branch office of Jehovah's Witnesses or any of its representatives processing and retaining for its use the information on this application.

Signed by: /s/ ..... (Type name to indicate signature) ..... (Date)

**THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE  
CONGREGATION SERVICE COMMITTEE**

1. Is the applicant a zealous Kingdom publisher? .....
2. Does he care well for his responsibilities? .....
3. Does he enjoy and promote good relations with others? .....
4. Does he demonstrate a proper view toward people of other cultures? .....
5. Does he cooperate with the body of elders? .....
6. (a) Does he demonstrate a willingness to approach people in different public settings in order to share the good news? .....  
(b) Does he demonstrate discernment when doing so? .....
7. Is he now of good moral standing and habits? .....
8. Do you recommend that he be trained for special metropolitan public witnessing? .....

<b>YOUR PERSONAL RATING OF THE APPLICANT</b>					
Rating symbols to be placed in the boxes below: A = Excellent    B = Good    C = Average (qualifies)    D = Poor (may not qualify)    E = Does not qualify					
	Coordinator of the body of elders	Secretary	Service overseer	Circuit overseer	Comments
Dignified personal appearance					
Dependability and organization					
Balance in judgment and discernment					
Physical stamina					

The service committee should review this application together. Comments should be obtained from the appropriate group overseer. The applicant must not have been reprovved or reinstated within the past year, and all restrictions must have been lifted.

Signed by: /s/ ..... (Coordinator of the body of elders—Type name to indicate signature)      ..... (Circuit overseer and circuit assignment—Type name to indicate signature)

Signed by: /s/ ..... (Secretary—Type name to indicate signature)      ..... (Date)

Signed by: /s/ ..... (Service overseer—Type name to indicate signature)

**If the circuit overseer approves the applicant, the circuit overseer should forward this application to the coordinating elder. A copy of the approved application should be kept in the circuit file.**