



FORUM FOR GLOBAL EVANGELISM (FFGE) APPLICATION



PLEASE PRINT LEGIBLY

MEMBERSHIP TYPE: (choose only **one**)

- Corporate Ministry
 LITWChurch Network
 FFGE-AFFILIATE

DATE: _____

ENGLISH FLUENCY: (CIRCLE ONE ONLY) NONE BEGINNER INTERMEDIATE ADVANCED

IF NONE: WHO IS YOUR SPONSOR?: _____

WHAT LANGUAGES DO YOU SPEAK AT LEAST WELL: _____

PREFERRED LANGUAGE: _____

NAME: _____

PREFERRED NAME: _____

MINISTERIAL TITLE(S): _____

EDUCATION LEVEL AND/OR SPECIAL SKILLS: _____

ADDRESS: _____

MINISTRY NAME (if applicable): _____

MINISTRY OPEN HOW LONG ? : _____

IS YOUR MINISTRY REGISTERED WITH THE GOVERNMENT: _____ YES _____ NO

PHONE: _____ (MOBILE OR LANDLINE) PLEASE CIRCLE ONE

EMAIL: _____

GENDER: _____ MALE _____ FEMALE

MARITAL STATUS: SINGLE MARRIED WIDOWED

SPOUSE'S NAME (IF APPLICABLE): _____

NUMBER OF DEPENDENT CHILDREN? _____

HOW LONG HAVE YOU BEEN A CHRISTIAN? _____

FORUM FOR GLOBAL EVANGELISM
(FFGE)
APPLICATION
PAGE 2

IF NOT CHRISTIAN: WHAT FAITH DO YOU CLAIM: _____

FOR HOW LONG: _____

HAVE YOU READ THE FFGE INFORMATION PACKET ____ YES ____ NO

TELL US BRIEFLY ABOUT YOUR MINISTRY (SCOPE, SIZE, LENGTH, LOCATION, WHAT OCCUPIES YOUR TIME MOST, ETC)

WHAT FUNDING REQUEST DO YOU FORESEE REQUESTING?

SIGNATURE:

I HAVE RECEIVED THE FFGE INFORMATION PACKET DATED 9/30/2019 6:19 PM, AND I HAVE HAD THE CHANCE TO ASK AND GET MY QUESTIONS ANSWERED. I WILL AGREE TO ABIDE BY THE RULES AS STATED AND MAKE THIS APPLICATION OF MY OWN FREE WILL AND CHOICE. I ABSOLUTELY UNDERSTAND THAT MY PARTICIPATION IS VOLUNTARY AND THERE HAVE BEEN NO PROMISES OR GUARANTEES MADE ABOUT SPECIFIC FUNDING.

Dated: _____

**FORUM FOR GLOBAL EVANGELISM
(FFGE)
APPLICATION
PAGE 3**

OPTIONAL INFORMATION TO HELP US SERVE YOU BETTER

As a ministry, we want to honor marriage, spouses, and children, especially those who work with you in ministry. We will use this information to bless you and honor these achievements in your life.

This information is only visible by our leaders. It is a secure database.

YOUR BIRTHDAY (MM/DD/YYYY): _____

IF MARRIED:

YOUR SPOUSES'S BIRTH DAY (MM/DD/YYYY): _____

YOUR WEDDING ANNIVERSARY (MM/DD/YYYY) : _____

NAMES OF YOUR CHILDREN LIVING IN YOUR HOUSEHOLD (NOT children in an orphanage that you own or manage)
(ADD AS MANY SHEETS AS NECESSARY)

Name (first last): _____ Date of Birth (MM/DD/YYYY): _____

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