

5. Marital History: *(Please share your marital experience(s) with us. Are there any factors that significantly complicate your marriage, e.g. terminal illness? Is your spouse supportive of your desire to attend FSM?)*

6. How many dependents are in your household? _____

If you have any children, please list each name, sex, and birth date.

NAME	SEX	AGE	BIRTHDATE
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____

EDUCATIONAL / OCCUPATIONAL BACKGROUND

7. Please list senior high school and institutions of higher education you have attended.

NAME	ADDRESS (CITY, STATE)	DATES ATTENDED	DEGREES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please list employment for the past five years.

NAME	ADDRESS (CITY, STATE)	DATES EMPLOYED	TYPE OF WORK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MINISTRY AND GIFTINGS INFORMATION

9. Details of Church Background: *(Please include dates.)* _____

10. Details of Previous Ministry Involvement: _____

11. Are you *currently* actively involved in a local church? yes no *(if no, please explain)*

12. Please list the name of your current local church, how long you have been there, and your areas of current involvement.

13. What would you consider to be your gifts and talents (spiritual and natural)?

14. What would you consider to be your weaknesses?

15. List some of your hobbies and interests:

16. Please try to assess the following in yourself:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
<i>Spiritual Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Integrity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-Discipline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Serve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Learn</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interpersonal Relationships</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Life</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to Work with Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

17. What are your goals for the future? What vision do you have for life and ministry?

NOTE:

If at anytime during the internship a student does not adhere to Biblical standards or internship guidelines a meeting will be required with internship leadership to discuss possible release from the program.

Signature and Date

Please attach \$20 check to this application for administrative processing.
Make check payable to RHOP.

Mail Application to:

**RHOP
c/o RFI
701 Riverside Ave. Suite 5
Roseville Ca 95678**

If you have any questions regarding this application, please send an email to:
rfi@rosevillehouseofprayer.org