



CHURCH OF GOD IN ONTARIO MINISTERIAL INTERNSHIP PROGRAM

Candidate Application

REGIONAL OFFICE USE ONLY

Application Fee Paid

All fees paid

Approved by Administrative Bishop

_____/_____/_____
(Date) (Initials)

IMPORTANT: Applicants applying for the MIP must hold the Exhorters rank or higher.

Personal Information: Section I (Please PRINT or TYPE)

Full Name _____ Date Completed ____/____/_____
First Middle Last

Called Name _____ Ministerial File Number _____

Address _____
Street City Province Postal Code

E-Mail Address _____

(Note: The MIP Director will use the email address given on your ministerial report to correspond with you, hence an accurate email address is needed.)

Home Phone (____) _____ Cell Phone (____) _____ Spouse Cell (____) _____

Date of Birth ____/____/____ Age _____ Male Female SIN # _____-____-____

Marital Status: Single Married Separated Divorced Widowed

Name of Spouse _____ Spouse's Date of Birth ____/____/____

Spouse's SIN # _____-____-____ Date you were married: ____/____/____

Children (name and age): _____

Present Occupation: _____ How Long? _____

Ministry-Related Questions: Section II

Education (last year completed): _____

Other training (list type and years): _____

Church Presently Attending: _____

Church Pastor's Name and Address: _____

Rev./Dr. First Middle Last
Street City Province Postal Code

Supervising Pastor's Name, Address & Church (If different from church pastor): _____

Rev./Dr. First Middle Last
Street City Province Postal Code

Describe your present ministerial/church activities: _____

List areas of the ministry in which you feel most effective: _____

(Continued on Back)

Describe your ministry calling and future plans.

Spouse: Describe how you feel about your calling and role in the ministry: _____

In what ways are you or do you expect to be involved with your spouse in the ministry? _____

Official MIP Enrollment: Section III

Please *PRINT* clearly or *TYPE* your name and your spouse's name (if applicable) as you would like them to appear on your Graduation Certificate and any other official publication.

Candidate Graduation Certificate Name _____

Spouse Graduation Certificate Name _____

STUDY OPTION: Which Study Option would you like? (e.g. Married/Option 2 -- See "Fee for Ministerial Internship Program" information sheet) _____

Candidate Signature: _____

Date: ____/____/____

Spouse Signature: _____

Date: ____/____/____

Send application to your Director MIP:

**Bishop Cebert Adamson
Director MIP
c/o Regional Office 301 Bramelea Road,
Brampton, ON L6T 5M9 or
P.O. Box 2036, Brampton, Ontario, L6T 3S3
email: cebertadamson@hotmail.com**

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Date received by Administrative Bishop: ____/____/____

Date reply sent: ____/____/____

Date approved/disapproved: ____/____/____

Signature of Administrative Bishop: _____