

Application for Church Partnership

Please fill in (print) completely and return to our Resource Center or the church office.				
Date of Application				
Name				
Address		City		Zip
Date of Birth		Phone (Eve.)		
Spouse's Name		Phone (Day)		
Wedding Date		Cell Phone		
Employer		E-mail		

Please list the names and birthdays of all dependents attending The Sanctuary. If more room is needed, please use a separate sheet and attach it.	
Dependent's Name	Date of Birth (please include year of birth)

NOTE: Those 18 years & older are required to submit their own application for Partnership.

Have you attended the *Partnership Class*? YES/NO If yes, date: _____

Note: Pre-requisites to Partnership are (1) attending the *Partnership Class*, (2) six months of regular church attendance and (3) confirmation of the commitment to regularly attend, give and serve at The Sanctuary.

Have you read, "*Partnership at The Sanctuary- Growing Together to Cultivate Community*"? YES/NO

Briefly describe your conversion story (decision for Christ):

Have you been baptized in water? YES/NO If yes, date: _____ location: _____

Are you in a Community Group? YES/NO If yes, which group? _____

Have you received the Baptism of the Holy Spirit? YES/NO/UNSURE

If yes, what evidences have you seen in your life (i.e. speaking in tongues, prophecy, etc.)?

What gifts, talents, passion, interests, and/or ministry "calling" has God given you?

What area of ministry at The Sanctuary would you like to serve in that will allow you to use your gifts and passions? (If needed, refer to the *Ministry Exposure* guide for assistance.)

What local church were you affiliated with before coming to The Sanctuary? _____

Pastor's name: _____ Phone: _____

City/State: _____

Were you a member/partner in good standing at this church? YES/NO

If not in good standing, please explain: _____

Please describe anything else you would like us to know about yourself, and/or your family (are you a blended family, etc.), and/or your beliefs:

Partnership Affirmation

To be considered for Partnership at The Sanctuary, please carefully read and sign the following declaration:

I believe God has called me to make my connection to the Body of Christ here at The Sanctuary Foursquare Church. I have surrendered my life completely to Jesus Christ and, in accordance with His command, have been (plan to be) baptized in water. I have read the Declaration of Faith of the International Church of the Foursquare Gospel and understand that I may receive a full copy of the Articles of Incorporation and Bylaws of the International Church of the Foursquare Gospel upon request. I understand and agree with these documents and intend to be an abiding Partner of The Sanctuary through adherence to God's word and devotion to Jesus Christ, and by regularly attending, serving, and giving.

Signed: _____ Date: _____

For Office Use Only - Indicate Date(s) Completed/Received & Initial

Partnership Class: Date: _____	Part. App.: _____ Packet Sent: _____	Gifts Inventory Date: _____ Giving Record Date: _____	Confirmed by: Name: _____ Date: _____	PCO Created Date: _____ PCO Updated Date: _____	PM Letter Sent: _____
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Gifts Inventory Result: 1. _____ 2. _____ 3. _____