

ALL CHRISTIANS' FELLOWSHIP INTERNATIONAL

QUESTIONNAIRE FOR LEADERSHIP CANDIDATE

1. SURNAME: _____
2. OTHER NAMES: _____
3. DATE OF BIRTH: _____ AGE: _____ SEX: _____
4. PLACE OF BIRTH: _____ NATIONALITY: _____
5. RESIDENTIAL ADDRESS: _____
_____ TELEPHONE: _____
6. PROFESSION / JOB: _____
7. WHEN DID YOU GIVE YOUR LIFE TO CHRIST? _____ WHERE? _____
8. HAVE YOU BEEN WATER BAPTISED? _____ WHEN? _____ NAME THE CHURCH

9. DO YOU SUBSCRIBE TO THE USE OF ALCOHOL? YES _____ NO _____
10. ARE YOU MARRIED _____ IF YES, GIVE THE NAME OF YOUR SPOUSE _____

11. HAVE YOU EVER DIVORCED OR SEPARATED FROM A PREVIOUS MARRIAGE? YES/NO _____
12. IF YES, CAN YOU PROVIDE OFFICIAL EVIDENCE? YES _____ NO _____
13. IF FINALLY YOU ARE SELECTED, WOULD YOU ACCEPT THE POSITION? YES/NO _____
14. IF YES, WOULD YOU PROMISE TO COMPLY WITH THE CHURCH RULES, REGULATIONS, BY-LAWS,
AS WELL AS ALL THE BIBLICAL ORDINANCES AND OBLIGATIONS? YES _____ NO _____
15. IF FINALLY YOU ARE NOT SELECTED, WOULD THAT TROUBLE YOUR MIND AND SO RESULT TO
HAVING NEGATIVE IMPACT IN YOUR FELLOWSHIP WITH THE CHURCH? YES/NO _____
16. I AFFIRM BEFORE GOD THAT THE INFORMATIONS GIVEN ABOVE ARE ALL-TRUE.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE

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PASTOR: _____ SIGNATURE: _____ DATE: _____