



# The NETS Institute for Church Planting

## Application Form For Residency Program Interview

### Instructions:

Please complete questionnaire, sign and attach any additional information as necessary

Fax or send completed form to:  
The NETS Institute for Church Planting  
Attention: Director, Student Affairs  
999 Essex Rd.  
Williston, VT 05495  
Fax: (802) 878-7142

### General Information

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Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree Pursued: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Degree Achieved: \_\_\_\_\_ Grad Date: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Re-married

Wife's Full Name: \_\_\_\_\_  
Last First M.I.

Children and Ages: \_\_\_\_\_

Citizenship: \_\_\_\_\_

If not a U.S Citizen, are you  
authorized to work in the United  
States?

Yes

No

Place of Birth: \_\_\_\_\_

## Personal Questionnaire

Please answer the following questions. If you answered yes to any, please explain in the space provided. Attach additional paperwork if additional explanation is required.

Does your spouse or family have any reservations about church planting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever used illegal drugs or abused alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been involved in any sexual misconduct of any nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been under the care of a psychologist, mental health counselor, or psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently taking any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any personal or family health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have any student loans? If so, what is the total amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you carry a current credit card balance or any other debt aside from housing? If so, what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_