HOUSE OF ARIEL GATE PTY LTD APPLICATION FORM

Tick whethe	er Halaker o	r Member and date of becon	ning Halaker or Member.
MEMBER		Date became a member	:
HALAKER		Date began to halak officio	ally:
CONTACT DET	AILS		
First Name:		Last Name:	
Nick Name:		Male / Female: .	
Physical Addr	ess:		
Postal Addres	s:		
			Code:
Home Tel:		Work Tel:	
Mobile:		Email :	
ID No:			
	RELATIONSHIP		
Spouse's Nam	ne:		
Marriage Dat	e	Nr of Previous Marriages:	
Children's Na	mes and Age	s:	
VOUR WORKIN	IC HEE		
YOUR WORKIN	NG LIFE		
Current Occu	pation:		
Former Occup	pations:		
Qualifications	:		
Experience:			

Languages (Indicate Speak, Read, Write by SRW after the language e.g. If you only speak Speak and read English but cannot write it then write: English S W)
YOUR HISTORY
Place of Birth:
Citizenship:
KINGDOM HISTORY
KINGDOM HISTORY (By Faith we mean Religion, Denomination, Church Name, Sect, etc)
Father's Faith: Mother's Faith:
Full Water Immersion Baptism:
Positions of Responsibility / Service / Leadership:
Salvation / Born Again Age & Faith:
KINGDOM – CURRENT (If Primary Spiritual Home is not Ariel Gate)
Place of Fellowship:
Pastor / Leader Name:
Contact Telephone: Email:
Your Contribution, Service Activities:
Your Gifting:

ARIEL GATE / HISTORY				
Ariel Gate Service to Date:				
Which Firehouse do you serve in?				
How long have you attended?				
Which Schools and Conferences have you attended:				
What do you expect from this ministry AND what can the ministry	expect from you?			
I, the undersigned, hereby confirm that:				
	1. I understand that this is an application form, and that its completion confers no rights of			
obligations on either party, until such application and ac and I have been informed of the outcome in writing.	ceptance process is completed,			
I have personally read and understand the Relating and A	ligning document.			
3. I understand and align myself with the Vision and Mission o				
Signature:	Date:			
APPLICANT				
INTERVIEWED BY:	Date of Interview:			