

EHBC MINISTRY RESIDENCY APPLICATION

Please fill out the following form and return it to the EHBC office

Name: _____

Briefly share your salvation testimony.

When did you join EHBC? _____

Are you currently serving regularly at EHBC? If so, where and for how long have you helped out?

In what other ways have you been involved with EHBC (Core Group, 5Group, etc.)?

Describe your current work ethic/time management skills.

To the best of your estimation, what will your week-to-week schedule be this coming year (including classes, work hours, etc.)?

What are your ministry goals?

Why would you like to participate in the EHBC ministry residency?

Are there any besetting sins or patterns that we should be aware of that would potentially hurt the local church or residency if you were associated with its name?

