IMPACT APPLICATION FORM

Kings Church Eastbourne
Kings Centre
27 Edison Road
Eastbourne
East Sussex
BN23 6PT

Tel: 01323 521125
Web: http://newgroundchurches.org/impact
Email: judith.barnett@kings-centre.co.uk

PERSONAL DETAILS

Name
Address
Postcode Mobile
Email
(Please ensure you enter an email on which you can be contacted as we send all correspondence this way)

Date of Birth
Home Church

Married? Yes ❑ No ❑ Date of Marriage

If engaged expected wedding date

YOUR LOCATION PREFERENCES

Your home based church Yes ❑ No ❑
Other location (please specify)

In which area of church life would you like to serve? e.g. technical, kids, youth, admin

1 HEALTH

Are you taking medication under a doctor's direction? Yes ❑ No ❑
If YES please give details of your condition

Do you have any allergies (i.e. cats/birds/specific foods)? Please give details

Do you have any dietary requirements that your host family need to be aware of?

2 EDUCATION

Educational Qualifications (A Levels/Degree)

3 CHURCH LIFE

We will normally contact your church elders asking for any comments they feel appropriate

Have you discussed your application with church eldership? Yes ❑ No ❑

Have you been baptised in water? Yes ❑ No ❑

Name and address of home church

Postcode Tel
Email

Length of membership at this church

Name of elder

What evangelistic experiences have you had and what fruit have you seen?

In what ways have you been involved in the life of your church?

What are your gifts? How are you exercising them?

What do you believe your strengths to be?

What are your weaknesses?

What are your goals in life?

Why have you applied specifically for Impact?

4 MISC

Is your passport in date for the next two years? Yes ❑ No ❑

Will you be driving a car to Impact training ? Yes ❑ No ❑

5 FINANCE

The cost of Impact 2014-2015 will be **£1150**. How do you propose to finance yourself?

Fees need to be sent in full by the beginning of September 2014 to Judith Barnett, Kings Centre, 27 Edison Road, Eastbourne BN23 6PT. Cheques should be made payable to **Frontiers Charitable Trust**. If an invoice is required please contact us.

If financing myself, I agree to send payment to the Impact Administrator, Judith Barnett, in full by the beginning of September 2014

Signature

If my home church church is contributing to my fees, I agree to undertake the responsibility of ensuring the correct amount of money is paid on time

Signature

I understand that I will be serving in this church for one year unless agreed differently by prior arrangement with the elders of the church

Signature

6 YOUR TESTIMONY

Please write down your testimony in not more than 300 words and indicate details of your conversion, water baptism etc.