

Georgia Missions Church Plant Personal Information Form

Please complete the following questionnaire and return to the following:

Phillip A. Wall
Georgia Missions
PO Box 28470
Macon, Georgia 31221

I. Family Information

1. Full name: _____
2. Social Security # _____
3. Spouse's Full Name: _____
4. Address: _____
 City: _____ State: _____ Zip: _____
5. Telephone no: () _____ Nationality: _____
6. EMAIL Address: _____
7. Place of Birth: _____ Date of Birth: _____
8. Age ____ Sex ____ Marital Status: Single ____ Married ____ Divorced ____
9. Number of Children: ____ Children's Name(s) and Birth Date(s)

Name	Birth Dates

II. Support of Proposed Church

1. Where do you wish to plant a church?
 2. How many adults do you have interested in helping with this new work? _____
 3. Do you have any financial support committed by any other church, individual, or organization? ____ Yes ____ No
 4. Have you been to a Church Plant Boot Camp? ____ Yes ____ No
 5. Where did you attend the Boot Camp? _____
 6. When? _____
 7. Have you had a Church Plant Assessment? ____ Yes ____ No
 8. When was the assessment done and by whom? _____
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II. Educational and Experiential Information

1. List your formal education:
High School: _____ Years: _____
College: _____ Years: _____
Graduate School: _____ Years: _____
2. Other forms of education (please list)

III. Experiential Information

1. Ministerial experience (use a separate paper if necessary)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4. Credentials held: _____ How long: _____

What organization: _____

5. References: Include, but not limited to, all pastors that you have worked for and/or secular employers over the past five years.

Name	Address	Phone

IV. Financial and Work Information

1. Present Employer: _____

How long: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone no: () _____

2. Previous Employer: _____

How long: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone no: () _____

3. Spouse's Present Employer: _____

How long: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone no: () _____

4. Work Experience: (Positions Held - Give Dates)

5. Annual Income: \$ _____

6. Spouse's Annual Income: \$ _____

7. Other Income: _____

8. Outstanding Debt:

Outstanding Debts (include mortgage or rent payment, charge accounts, loans with finance companies, automobiles, etc.) Use another sheet of paper if necessary.

Name of Creditor	Original Debt	Present Balance	Monthly

9. Are you a cosigner or guarantor on any loan or contract? Yes No

10. Are there any unsatisfied judgments against you? Yes No

11. Have you ever filed bankruptcy? Yes No (If yes, please explain below) _____

12. Have you and your spouse read, signed and had notarized the Information Authorization Release Form? Yes No

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____