



*(Please use additional paper if needed.)*

Have you used any of the following in the past three years? *(Please check )*

- Excessive Alcohol    Sleeping Pills    Mood Elevators    Tranquilizers    Marijuana    Cocaine    LSD    Heroin  
 Tobacco Products    Other (ILLEGAL DRUGS / SUBSTANCES): \_\_\_\_\_

If you checked  any of the above items please specify the reason, frequency and date of last use: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes, or  No **If Yes, When & details:** \_\_\_\_\_

Are you on probation?  Yes, or  No **If Yes, Please give details:** \_\_\_\_\_

*(Please use additional paper if needed.)*

Do you have any outstanding debts?  Yes, or  No **If Yes, Please give details:** \_\_\_\_\_

Will you have sufficient income to cover these debts while working with Friend Ships?  Yes, or  No  
Please give details: \_\_\_\_\_

**Emergency Information**

Name of Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Country Code: \_\_\_\_\_

Please fill out telephone numbers and  check best contact number.

Home: \_\_\_\_\_  Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Ext.: \_\_\_\_\_

**E-mail:**

**Please fill in information on the Pastor or Church Leader you have submitted a reference form to:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Church: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Please list a current or most recent employer we may contact for a reference:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Feedback**

How did you hear about Friend Ships? *(Please  check those that apply)*

- Internet/Website    Radio broadcast    Magazine/Newspaper    Heard speaker    Book/audio    College    News  
 Visiting group    T.V. broadcast    Friend / Crewmember    Tradeshow    Other: \_\_\_\_\_

Comments/Details: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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