

Anointed by God Ministries Inc.



Date: _____

Application for Enrollment

DOB: ____/____/____

PERSONAL INFORMATION

Last Name	First Name	M.I.	Maiden Name	Social Security Number
Mailing Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Home Phone Number		Cell Phone Number	E-mail Address	

SERVICE DESIRED

Desired Service	
Seminary: Check All That Apply. <input type="checkbox"/> Associate's Degree Program <input type="checkbox"/> Bachelor's Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Honorary Doctoral Degree Program	
Other: Check All That Apply. <input type="checkbox"/> Ministers License <input type="checkbox"/> Bishop Consecration <input type="checkbox"/> High School Diploma <input type="checkbox"/> Chaplaincy <input type="checkbox"/> Other	
Preferred Locations/Sites (Hospitals, Nursing Homes, Clinics, Jails etc.) and/or Cities of Interest to Serve.	
Position Type Desired. Check All That Apply. <input type="checkbox"/> Member <input type="checkbox"/> Board Member <input type="checkbox"/> Recruiter <input type="checkbox"/> Affiliate <input type="checkbox"/> Satellite	Date You Can Begin

GENERAL INFORMATION

Are You 18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, How Many Years Old? _____
Are You Legally Eligible for Police Credentials in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Have a Reliable Means of Transportation for Assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No
How Did You Learn About ABG? <input type="checkbox"/> Ad (Publication): <input type="checkbox"/> Church: <input type="checkbox"/> ABG Website
Referred By: _____ <input type="checkbox"/> Other (Please Specify) _____
Have You Ever registered with or been a member of ABG Before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Ever Been Convicted, Pled Guilty, or No Contest to a Crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Provide Date(s) and Details: _____
Do You Have Any Current Indictments and/or Pending Criminal Charges Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Provide Date(s) and Details: _____
* A Prior Conviction Will Not Necessarily Disqualify You for Enrollment.