

## APPLICATION FORM

For Service in Marshalltown First Friends Church a member of Iowa Yearly Meeting of Friends Churches

Please return to: FIRST FRIENDS CHURCH-2409 S. 6TH. STREET-MARSHALLTOWN, IA.50158-  
ATTENTION MINISTRY AND COUNSEL

Or e-mail to: [mtownfriends@live.com](mailto:mtownfriends@live.com) ATTENTION MINISTRY AND COUNSEL

### Personal and Family Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If Married: Souse's Name: \_\_\_\_\_ Date Married: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Children (Please include names and ages):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Have you or your spouse been divorced?

If you are separated or divorced please explain why: \_\_\_\_\_

Are you "recorded" or "ordained" as a minister?

For which denomination? \_\_\_\_\_

Do you currently have any debt?

If so, how much? \_\_\_\_\_

What are your plans for paying off this debt? \_\_\_\_\_

Height (optional): \_\_\_\_\_ Weight (optional): \_\_\_\_\_

Health Condition: Yourself: Spouse: \_\_\_\_\_

Are there any chronic health problems within your immediate family?

If yes, please elaborate: \_\_\_\_\_

### School and Employment History