

Affix photo

Application Form

|  |  |
| --- | --- |
| Program | IGNITE / IMPACT |

Personal Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | First Name |  | Christian Name |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender | M / F | DOB |  | (eg 14-Feb-90) | Race |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact |  | (HP) |  | (H) | Nationality |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Blk/Hse |  | Street |  | Unit | # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Building (if any) |  | Postal Code |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Marital Status | Single / Married / Separated / Divorced / Widowed |

|  |  |
| --- | --- |
| Medical History (if any) |  |

|  |  |
| --- | --- |
| Medication (if any) |  |

Qualification

|  |  |  |  |
| --- | --- | --- | --- |
|  | School/Institution | YY-YY | Course |
| JC, if any |  |  |  |
| Poly, if any |  |  |  |
| Uni |  |  |  |
| Post-Grad |  |  |  |
|  |  |  |  |
|  |  |  |  |

Work Experience

|  |  |  |
| --- | --- | --- |
| Employer | Last Position | YY-YY |
|  |  |  |
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Family Information

Please complete this section if staying with parents.

|  |  |  |  |
| --- | --- | --- | --- |
| Father.Name |  | Mother.Name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Father.Contact |  | (H / HP) | Mother.Contact |  | (H / HP) |

|  |  |  |
| --- | --- | --- |
| Parent.Email |  | (Father / Mother) |

|  |  |
| --- | --- |
| Parents in Grace | Father / Mother / Both / Neither |

Please complete this section if married.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spouse.Name |  | Spouse.Contact |  | (H / HP) |

|  |  |
| --- | --- |
| Spouse.Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Spouse’s Religion |  | Spouse in Grace | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| No of children |  | Kids.Names (Age) |  |

Spiritual Information

|  |  |
| --- | --- |
| Date of Conversion |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of W. Baptism |  | Church of W. Baptism |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Membership at |  | Yr became Member |  |

|  |  |
| --- | --- |
| If not baptized, do you intend to sign up for water baptism in Grace within the year? | Yes / No |

##### Service & Grace Group

|  |  |  |  |
| --- | --- | --- | --- |
| Service Attending | GI / GII | 5pm / 9am / 11:15am | Children / Youth / English / Filipino |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GMG.Name |  | GMG.Leader |  | Attended since |  |

Conversion Testimony

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| --- |
|  |
|  |

Ministry Experience

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| --- |
|  |

Reason for Application including how God calls you

|  |
| --- |
|  |

I understand that the personal particulars provided by me on this form are for the purpose of registering for membership with Grace Assembly of God. I also understand that my personal particulars will not be disclosed to a third party without my consent. I, hereby, certify the above information provided is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Signature) |  | (Date) |

Please detach the following 3 sheets, fill in your name & program, and pass them to your referees &/or immediate family member with the attached envelopes. They may return to you or send directly to Ps Li Cuixian @ 355 Tanglin Road or [GIP@graceaog.org](mailto:GIP@graceaog.org). If you are applying for GIP-3, both your referees should be your ministry leaders; for internship, one your ministry leader, the other a Grace Pastor.