



STRATEGIC RELIGIOUS NETWORK OF GLOBAL EVANGELISTS

(EVENT PARTICIPATION REQUEST FORM)



Rev. Dr. E. K. Ogoe-Anderson, C.G.E.
(EXECUTIVE DIRECTOR)

(Please complete the application clearly in ink)

SECTION I

Biometric Information (Please provide information as it appears in your legal traveling documents such as international traveling passport)

First Name	Middle Name (Leave blank if no middle name)	Last Name
Have you used any former name(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please State Full Former / Maiden Names

2. Address (Please use the address at your current location where you will be applying visa from)

(For P.O. Box Addresses, state full address below)	City / Town:	State / Region / Province:	Zip Code: (if applicable)	Country:
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(For Non- P.O. Box address users Only. Leave Blank if you already filled the top portion)

Street Address:	Apt. # / Unit #	City:	State / Region / Province:	Zip Code: (if applicable)	Country:
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3. Contact Phone Numbers	4. Email Address:
Home Phone #:	5. Facebook Name:
Cell Phone #:	
Work Phone#:	

6. Birth information	7. Citizenship Information
Date of Birth (Day/Month/Year) / /	Country of Citizenship
Place of Birth	
Country of Birth	

8. Passport Information

Current Passport Number	Date of Issue	Expiration Date	Country of Issue
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*Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Spouse's Name (if applicable):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Number of children (if any)
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**If currently engaged, please send written confirmation once married to update our records*

Criminal Background

Do you have a Criminal Background? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain:	Have you ever had a criminal background Check? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you current with your bills? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please explain:
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SECTION II

Church Affiliation and References

Name of Church you Pastor/Attend:	Length of time attended (years):		
Your Senior Pastor:	Church Phone #:	Fax # (if applicable)	Church Website (if applicable)
Church Address:	City:	Country	
Are you already into missionary work Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state the length:	Please list your known Spiritual Gifts? (Please elaborate further in the appendix, if necessary)		



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Personal Ministry/Character References			
<i>*Please identify 3 (three) individuals other than a family member whom you have known for more than 1 (one) year.</i>			
Name:		Telephone number:	
Address:	City:	State / Region / Province	Country
Name:		Telephone number:	
Address:	City:	State / Region / Province	Country
Name:		Telephone number:	
Address:	City:	City:	City:

SECTION III FINANCES

Are you financially capable to meet all financial obligation of this trip? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you require financial assistance for this trip? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a sponsor providing financial assistance to you for this trip? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any fixed assets to your name? (such as land, building, business, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your occupation?	What is the name of your employer? (if self-employed, please state)
How long have you been employed?	Are presently in school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are in school, what is the name and location of your school?
What is the address of your employer? (if self-employed, please provide your business address)	Please provide the contact information of your immediate supervisor at your job (name, telephone number, email address)	Please provide a brief description of your job responsibilities
How are you paying for your participation fees? (Please note, all payments must be made in United States Dollars. All payments must be made to the address provided by St. Christy Institute for Religious Education & Seminary Inc.)		
International Cashier's Check <input type="checkbox"/> International Money Order <input type="checkbox"/> Cash <input type="checkbox"/> International Wire Transfer <input type="checkbox"/> Debit Card (must be acceptable by banks in United States) <input type="checkbox"/>		

Statement of Truth

I understand all items submitted to St. Christy University of Theology & Seminary, Inc. and The Samaritan Woman Global Evangelistic Ministries, Inc. are part of the application process to establish my eligibility for participating in this international event; becoming the permanent property of St. Christy University of Theology & Seminary, Inc., and The Samaritan Woman Global Evangelistic Ministries, Inc. and all agents acting for and on-behalf of St. Christy University of Theology & Seminary, Inc., and The Samaritan Woman Global Evangelistic Ministries, Inc. and will not be returned. This application will be held in confidence. Only those persons with a need to know basis will review it.

I grant permission to St. Christy University of Theology & Seminary, Inc. and The Samaritan Woman Global Evangelistic Ministries, Inc. and its leadership to verify the information provided on this application. I hereby state that all the information contained on this application is correct and true. If St. Christy University of Theology & Seminary, Inc. and The Samaritan Woman Global Evangelistic Ministries, Inc. finds that any of the information contained on this application is false, it will be grounds for immediate cancellation and revocation.

Signature: _____ Date: _____

Review your application before submitting. Applications will not be processed until all required documents are received.

For Office Use Only

Approved with comment:		Not Approved with comment:	
Full Application Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Recommendation letters Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Orientation Date scheduled:	Background Check: Pass <input type="checkbox"/> Not Pass <input type="checkbox"/>	Photo Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Approved by:			
Office Notes/Comments:			



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APPENDIX

(Please complete the application clearly in ink)

(This is optional but could be very helpful for your visa application processing)

Briefly describe your intentions to return to your home country immediately after this event and explain how you will implement the anticipated ministry development skill-sets to be acquired from this event in your ministry or organization.