



2019 FCF INTERNATIONAL ORDINATION RENEWAL

Fill in every blank and complete each question. Please print or type.

Personal Information

Name _____ Birthdate _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Hm Ph _____ Cell Ph _____ Work Ph _____

Spouse's name _____ Spouse's birthdate _____

Anniversary date _____

*Street Address if different from above

Please send correspondence to: Home Ministry

Ministry Information

Name of Church/Ministry _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Fax _____

Website _____

1. Have you completed the C.E.U. requirements? ___Yes ___ No

- Attended a Leadership Summit ___Yes ___ No OR Watched videos from a Summit ___Yes ___ No
- Listened to 6 of the 12 Podcasts ___Yes ___ No

2. What FCF meetings did you attend in 2018? _____

3. With which FCF Representatives have you been in contact with in 2018?

4. In what ways can your Relational Representative assist you in 2019?

5. How did FCF International contribute to your life and ministry in 2018?

Your PRIMARY Field of Ministry (Please check ONLY ONE.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Sr. Pastor | <input type="checkbox"/> Youth Minister | <input type="checkbox"/> Administrator | <input type="checkbox"/> Singles Minister |
| <input type="checkbox"/> Asst. Minister | <input type="checkbox"/> Children's Minister | <input type="checkbox"/> Helps | <input type="checkbox"/> Overseas Minister |
| <input type="checkbox"/> Evangelist | <input type="checkbox"/> Music Minister | <input type="checkbox"/> Teacher | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Prison Minister/Chaplain | | <input type="checkbox"/> Young Adult | |

Your Signature _____ **Date** _____