



**APPLICATION FOR MARKET PLACE MEMBERSHIP**

**Please type or print clearly**

			<b>Amount Due</b>
I am applying for:	<input type="checkbox"/> Market Place membership	\$ 100.00 annually	\$ _____
	<input type="checkbox"/> Security Check fee	\$ 35.00 one-time fee	\$ _____
	<b>Total Due:</b>		<b>\$ _____</b>

*Please include the appropriate application fee with this application*

*Must answer all the questions:* **PERSONAL DATA**

Applicant's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Social Security Number: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Engaged \_\_\_ Widowed \_\_\_

Spouse Name (if applicable): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been arrested or convicted for any criminal act? \_\_\_\_\_ If so, please explain \_\_\_\_\_

**PERSONAL HISTORY**

*Please check the activities you have engaged in during the past five years*

- |  |           |          |
|--|-----------|----------|
| 1. Smoking or Tobacco Use                | _____ Yes | _____ No |
| 2. Drinking Alcohol (including socially) | _____ Yes | _____ No |
| 3. Pornography (in any form)             | _____ Yes | _____ No |
| 4. Homosexuality/Lesbianism              | _____ Yes | _____ No |
| 5. Illegal Drug Use                      | _____ Yes | _____ No |
| 6. Fornication/Adultery/Molestation      | _____ Yes | _____ No |
| 7. New Age/Cult Involvement              | _____ Yes | _____ No |
| 8. Murder/Rape/Theft                     | _____ Yes | _____ No |

If yes on any point above, please explain in detail on a separate sheet of paper. Please include your deliverance and restoration process. Also include to whom you are accountable.

\_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

*Please identify two people, other than family, whom you have know for more than one year*

Name	Address	City, State, Zip	Phone

**CHURCH AFFILIATION**

*Please indicate the church in which you currently pastor or attend*

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

How long have you attended this church? \_\_\_\_\_ What Capacity? \_\_\_\_\_

What other fellowships, organizations or associations do you belong to \_\_\_\_\_

**SPIRITUAL HEALTH/PILGRIMAGE**

Do you agree with Faith Christian Fellowship International statement of faith?     Yes     No  
 If no, please explain \_\_\_\_\_

Were you raised in a Christian home?     Yes     No

When were you born again? \_\_\_\_\_ Please briefly explain your experience \_\_\_\_\_

\_\_\_\_\_

Have you lived a consistent Christian life since conversion? Yes  No  If no, please explain:  
 \_\_\_\_\_

Were you baptized by immersion?     Yes     No

## STATEMENT OF TRUTH

I understand that all items submitted to Faith Christian Fellowship International (FCFI) as part of the application process, becomes the permanent property of FCFI and will not be returned.

I understand that any application fee and dues paid to FCFI will be retained by FCFI and will not be returned or refunded unless this application is denied; a \$10.00 handling fee will be retained.

This application will be held in confidence. Only those persons with a need to know will review it. I grant FCFI and its leadership, permission to verify the information provided on this application.

I hereby state that the information contained on this application is correct and true. If FCFI is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation of issued credentials.

I hereby understand that the integrity of our Lord and Savior Jesus Christ and the standards and articles of faith of FCFI will be maintained at all times. If for any reason there is a breach of those standards, I understand that this application and any issued credentials can and will be revoked and terminated by the decision of the board of directors of FCFI.

I have read the Bylaws and the Statement of Faith and Doctrine of FCFI. I agree to support and abide by the Bylaws and the Statement of Faith and Doctrine of Faith Christian Fellowship International.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### RECOMMENDATIONS

*Signature of FCFI member who recommended and will sponsor you.*

\_\_\_\_\_  
*Signature*

If you do not have an FCFI member to sponsor you, it is required that you secure a FCFI Member Church to sponsor you..

\_\_\_\_\_  
*Pastor/Church*

**Applicant: Please forward the attached personal reference of your choice to complete and return to us.**

### FOR OFFICE USE ONLY

\_\_\_\_\_  
*Approved Date:* \_\_\_\_\_

\_\_\_\_\_  
*Officer's Signature*

\_\_\_\_\_  
*Approval Denied*

*Reason for Denial:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Amount Received* \$ \_\_\_\_\_

*Check #* \_\_\_\_\_

*Date* \_\_\_\_\_

*Data In Computer* \_\_\_\_\_

*Mailed Certificate* \_\_\_\_\_

**(You must include this page with your application)**

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR MEMBERSHIP PURPOSES**

**Screening Disclosure**

In connection with my application, I hereby authorize Faith Christian Fellowship International to procure, compile and conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report on me. This report may include information as to my character, reputation, performance, experience, work habits and reason for termination, personal characteristics, credit and indebtedness, and motor corporations, courts, and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, military, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. Medical and worker’s compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that this report is subject to federal law, The Fair Credit Reporting Act (FCRA), and that I have been provided with a copy of “A Summary of Your Rights under the Fair Credit Reporting Act.” According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer –reporting agency (also indicated below).

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments or motor vehicles, educational institutions, the military and licensing or registration entities, contacted by First Advantage to release information about me, including, without limitation, any of the information described above. As long as I am a member of the FCFI, if there is a question regarding my or my ministry’s integrity, I agree that the FCFI has my permission to investigate my background as needed. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

**PLEASE PRINT:**

_____	_____	_____		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>		
_____	_____	_____		
<b>Other Name(s) Used</b> (attach an additional sheet if needed)	<b>Date(s) You Stopped Using Other Name(s)</b>			
_____	_____	_____		
<b>Current Street Address</b>	<b>City</b>	<b>State</b>	<b>County</b>	<b>Zip Code</b>
_____	_____	_____	_____	_____
<b>Date of Birth</b>	<b>Social Security Number</b>			
_____	_____	_____	_____	_____
<b>Current Driver License Number</b>	<b>State of Issue</b>	<b>Expiration Date</b>		

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only	Date security check submitted:	Date report printed and filed:
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# ARBITRATION AGREEMENT

## Section 1. PURPOSE OF THE AGREEMENT

The purpose of this Agreement is to memorialize the relationship between \_\_\_\_\_ (hereinafter "Member") and Faith Christian Fellowship International, Inc. (hereinafter referred to as "the Fellowship"). Also to provide for expedited resolution of disputes with minimal expenses and attorney fees by binding arbitration.

## Section 2. THE MEMBER RELATIONSHIP

Member and the Fellowship agree that during the term of this Agreement, Member will serve as a member of the Fellowship. Member understands that membership with the Fellowship is at the will of the Fellowship, and this Agreement is terminable at the sole discretion of, and by, either party, with or without cause at any time and for any reason.

Member understands that the Fellowship is a Christian ministry organization, and Member subscribes without reservation to the Faith Christian Fellowship International, Inc. Statement of Faith and agrees to abide by these doctrines in all aspects of life, both at and away from Faith Christian Fellowship International, Inc. ministries and functions. Member agrees to actively support Faith Christian Fellowship International, Inc., faithfully attending public services and taking an active part in the total Fellowship program. Member agrees to be loyal to his or her pastor and the Fellowship programs in word and in deed. Member agrees to fulfill all duties and responsibilities of supporting Faith Christian Fellowship International, Inc., including, but not limited to, enthusiastically giving and supporting the endeavors of the Fellowship.

Member understands and agrees that his or her role as a member of the Fellowship is to perform at the will of the Board of the Fellowship or other ministry leadership duly authorized to control the terms and conditions of membership. Following this authority structure as commanded of God, Member agrees to perform all duties and responsibilities entrusted to him or her by the Board or ministry leadership to their complete and full satisfaction; and Member understands that all of the terms or conditions of this Agreement are to be interpreted according to the understanding of the Board and ministry leadership.

## Section 3. RESOLUTION OF DISPUTES; BINDING ARBITRATION AGREEMENT

As all Fellowship Members are Christians and the Fellowship is a Christian ministry organization, both parties agree that they would never threaten to sue, or actually litigate in court any matter whatsoever relating to or resulting from employment with the Fellowship or this Agreement. To do otherwise would be in clear violation of Biblical teaching and practice.

Instead, Member and the Fellowship agree that they will try to informally resolve any legal dispute or controversy that arises between them relating in any way to the relationship between the Member and the Fellowship. The aggrieved party must give written notice of any claim to the other party within one year of the date of the alleged wrong, otherwise the claim shall be void and waived. In the event that such dispute cannot be resolved informally, Member and the Fellowship agree that the dispute will be presented to the Board of Directors of the Fellowship for resolution.

Member and the Fellowship further agree that any party that is dissatisfied with the Board's resolution of such dispute, and who wishes to pursue it further, must submit to, and have it determined by, binding arbitration under the attached rules and procedures. Provided, however, that nothing herein shall limit Member's right to file a charge or complaint with any government agency, although Member may not file a court action based on such agency charge or complaint. This Agreement covers all employment disputes between Member and the Fellowship, whether based on tort, contract, statutory, common law, or otherwise, including both federal and state claims, with the sole exceptions of workers compensation claims, unemployment compensation claims, and claims by the Fellowship relating to trade secrets or alleged violation of non-competition agreements.

If any provision of this Agreement is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the Agreement.

MEMBER AND THE FELLOWSHIP REPRESENT THAT THEY HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT, HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH THEIR PRIVATE LEGAL COUNSEL, AND ARE ENTERING INTO IT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS OTHER THAN THOSE CONTAINED IN THE AGREEMENT ITSELF.

\_\_\_\_\_  
MEMBER NAME

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.  
THE FELLOWSHIP

\_\_\_\_\_  
Kenneth E. Harbaum, President

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date



# MINISTER'S RECOMMENDATION, CONT.

10. Response/Attitude to Authority:

Helpful and cooperative\_\_\_ Usually responsive\_\_\_ Resentful of authority\_\_\_  
Not cooperative/very resentful\_\_\_ Do not know\_\_\_

11. Emotional Stability:

Self-controlled and mature\_\_\_ Usually stable\_\_\_ Moody and changeable\_\_\_  
Many uncontrolled periods/unstable\_\_\_ Do not know\_\_\_

12. From your knowledge of applicant's general character, past record, and present behavior, check any of the following which apply:

Uses tobacco\_\_\_ Gambles\_\_\_ Drinks alcoholic beverages\_\_\_ Has been involved in serious community disturbances\_\_\_ Has been arrested for other than minor traffic violations\_\_\_ Has a reputation for involvement in behavior indicating serious moral weakness\_\_\_

13. Having observed this person in the ministry, would you:

Highly recommend\_\_\_ Recommend \_\_\_ Recommend with reservations\_\_\_  
Please list reservations

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Not re commended\_\_\_

I do not know enough about his/her ministry to make a valid recommendation\_\_\_

14. Please give us your personal comments on the integrity of the applicant to aid us in our decision making.

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Name\_\_\_\_\_ Signature \_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Age 18-25\_\_ 26-35\_\_ 36-50\_\_ 51 & over\_\_

Ministry Name \_\_\_\_\_

Your Position \_\_\_\_\_

08/2016

(Please return this form to the above address)

**FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL**

P O Box 367 Eaton, Ohio 45320

Phone: 765-962-4406 ~ Fax: 937-456-2144 ~ Web Site: [www.fcfi.us](http://www.fcfi.us) ~ Email: [info@fcfi.us](mailto:info@fcfi.us)

**PERSONAL REFERENCE QUESTIONNAIRE**

(confidential)

**Applicant: Please forward this form to a personal reference of your choice to complete and return to us.**

Your name has been given as a reference by \_\_\_\_\_, please complete to the best of your ability and return to our office immediately at the address above. Thank You!

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. Have you had genuine fellowship with the applicant? \_\_\_\_\_
4. Please complete the following to the best of your knowledge of the applicant:
  - a. He/she has sound doctrine? \_\_\_\_\_
  - b. He/she is spiritually mature? \_\_\_\_\_
  - c. He/she is able to work well with others at close range? \_\_\_\_\_
  - d. He/she is able to minister the Word of God effectively? \_\_\_\_\_
  - e. He/she is strictly honest and trustworthy? \_\_\_\_\_
  - f. He/she is able to manage his/her financial affairs with discretion? \_\_\_\_\_
  - g. He/she is faithful and loyal to his/her pastor and church? \_\_\_\_\_
  - h. He/she is willing to submit to authority? \_\_\_\_\_
  - i. He/she is filled with the Holy Ghost? \_\_\_\_\_
  - j. He/she is evangelistic for lost souls? \_\_\_\_\_

What recommendation do you give this applicant? (Check only one)

_____ highest possible recommendation	_____ strong recommendation
_____ recommend with reservation	_____ cannot recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please return this form to the above address)



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_____ recommend with reservation	_____ cannot recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please return this form to the above address)