**Ezekiel Project**

If you are between the ages of 18 and 28 and you feel that God has called you to full-time ministry, then the Ezekiel Project is for you. The Ezekiel Project is a ten month internship at Only Believe Ministries that is designed to make disciples prepared for ministry. If you would like more information, please contact Pastor Kylan Booser at 937.693.3554 ext. 244, or email kbooser@obmcc.org. An Ezekiel Project manual and application is available upon request.

**What is The Ezekiel Project?**

Only Believe Ministries’ mission statement is “to raise up disciples to win the world for Christ”. The Ezekiel Project is an intensive, faith-stretching journey to help Only Believe Ministries accomplish its mission, and to set you on yours. It is a program for young adults between 18 & 28 who know they have a call for full-time ministry, and for those who think they have a call of God and want to find out for sure.

This program is designed to lead an individual to totally abandon every area of his or her life to a dynamic surrender to the wisdom, strength, power, and grace of our Lord Jesus Christ (Gal. 2:20). It is a program that must be entered into with serious prayer, continued in prayer, and finished in prayer. A person who participates in this program in his or her own strength will be frustrated.

This program is designed to train up leaders for Christ in every area of calling. To be an effective Christian is to be a leader (the greatest servant) each and every day of our lives. The Ezekiel Project (T.E.P.) is a program to make disciples. It is not a Bible school, theological seminary, or an evangelistic outreach program. T.E.P. is a hands-on training ground that provides a balanced growth environment to develop and equip the whole person.

Behind all the plans, assignments, and outreaches is a passion for the reality of the gospel to destroy the works of the devil. This is not a hang out and hang on ministry, but a program which is designed to invade and take possession of Satan’s territory, winning people to Jesus Christ, discipling them, and helping them get plugged into the church.

It is our goal to see you choose each day to answer the call of God on your life.

**Requirements**

**Spiritual Preparedness for Entering T.E.P. Program**

We prefer candidates to be at least 6 months old in the Lord, having attended Only Believe Ministries for no less than 6 months or having a letter of recommendation from their pastor. In each case, it must be evident to their spiritual leaders within the church that they are indeed born again and are conducting their lives according to Christian principles.

Candidates are to be at least 18 years old and no older than 28. Married couples are permitted in this ministry. No dating is permitted.

**Commitment to T.E.P Program**

In order to make the best use of this opportunity, candidates must assign the highest priority to The Ezekiel Project. This is a commitment for the entire 10 months. It is a promise, and a solemn vow to God. This means you will not be able to commit to other ministries, jobs, etc., and must be prepared to work very hard to become a disciple of Christ in whatever walk of life you are called to. Before you can start the program, you must have all your support raised and documented.

***Everyday Tasks*** - While this schedule is subject to change, as a participant your weekly schedule will be as follows:

 Monday - Wednesday

* 7:30am - 8:00am Prayer
* 8:00am - 11:00am Education Classes
* 11:00am - 12:00pm Study Time
* 12:30pm - 4:00pm Department Internship

\*Wednesday out at 3:00pm

 Thursday

* 7:30am - 8:00am Prayer
* 8:00am 4:00pm Department Internship

 Friday

* Organized Outreach

 \*Mandatory attendance at all weekly services and events scheduled.

You will attend weekly meetings with your department head to be given assignments, scheduling, and accountability. There may be education class that will be completed on a testing scale basis. Passing grades will require a 75% or above score average. These classes are not accredited. T.E.P. students need to be available 6 days and/or nights per week. Due to this schedule, no outside employment is allowed. You will be given Saturdays off for personal activities unless an event is scheduled.

***Working in the Ministry -*** We established these requirements so we can be all that God desires and is calling us to be!

1. Must be born again and spirit-filled, with evidence of speaking in tongues.
2. Must not be a new convert or a novice, someone who is not skillful in the ministry of the Word. (Hebrews 5:12)
3. Must have good personal appearance and hygiene.
4. Must not smoke, drink, or speak forth filthy communication out of your mouth, which includes slang, murmuring, back-biting, and gossip. (Ephesians 4:29)
5. Must have a good report among the brethren and those that are without. You must show forth a Christian lifestyle.
6. Must study to show yourself approved, a good workman for the Gospel. This would mean a daily time in the Word, backed by your prayer life.
7. Must be willing to submit to all authoritative heads.
8. Must be faithful to ONLY BELIEVE MINISTRIES by bodily support and tithe paying.
9. Must be loyal to the Pastors and leadership of Only Believe Ministries.
10. We expect you to attend every service to express your faithfulness, commitment, and maturity. If for some reason you cannot attend, please contact those who are in authority over you.
11. If at any time you feel yourself falling short, please feel free to come to your department head for help. We are laborers together.

***Rules*** *-* Since the program is designed to discipline and train students, there are certain rules that must be followed. OBMCC has high standards. The following reflects those standards.

1. Intern Policy
* You must be on time to all scheduled events and to work every day. You will be required to sign in and out every morning, and each time you leave the premises and return.
* Follow office and service dress code. Dress code will be given at orientation.
* Students will be given five sick days. When you are sick you will need to notify your department head by 8:30 each morning.
* If for some reason something unexpected occurs and you need to miss a scheduled event, you must notify your department head and receive prior approval.
* T.E.P. students will not be able to take leave from the 10 month schedule without prior approval. You will be off for most holidays.
* Because of frequent, unpredictable changes in scheduling, be FLEXIBLE; it is the call of those in ministry to be available.
* At all scheduled meetings and services you must be respectful and attentive to lectures and guest speakers.
* Everything must be done in excellence.
1. Moral Standards - The following behaviors are unacceptable.
* Committing or attempting to commit deliberate damage to church property or facilities, or the unauthorized use of church property or facilities.
* Disorderly conduct, striking another employee or member, or use of abusive language.
* Tampering with or falsifying time worked.
* Removing, sending, or furnishing church records or information to unauthorized person(s).
* Violating the church’s anti-discrimination policy.
* Indulging in any type of harassment towards any other employee or member.
* Obtaining employment on the basis of false or misleading information; falsification of application.
* Allowing unauthorized person(s) to access our facilities.
* Possessing firearms of any type while on church property or while on church business.
* Removal of any church property, or the property of another employee or member without prior permission from management.
* Insubordination: The refusal to perform all job requirements or services as outlined by the church.
* Sleeping or dozing on the job.
* Falsification of any church records, reports or documents.
* Abuse or waste of tools, equipment, supplies, materials, or products.
* Restricting production or interfering with others in the performance of their jobs.
* Knowingly violating any church guidelines, rules, or regulations governing workplace safety.

Most of our interns never violate any rules or give OBMCC any reason to terminate their tenure. Unfortunately, there are personnel in every organization who, from time to time, must be terminated. Obviously, it is impossible to list every single action which might cause harm to the church, our members, or employees. The previous is a list of some, but not all, of the acts that can result in termination. (This list is provided for your information only and in no way should it be construed as the only reasons for termination.)

***No Dating Guidelines***

The purpose of these guidelines is to protect and strengthen your relationship with the Lord. Strict observance of these guidelines is necessary to produce the kind of group unity that is required in The Timothy Project. Godly male/female relationships are encouraged in T.E.P.; however, there shall be NO DATING! “Dating” is defined as a male and a female demonstrating by work or action that a special couple relationship exists. These guidelines apply even if one of the parties is not a part of the program. The following will be accepted as evidence that such a special relationship does in fact exist:

1. In a group setting (i.e. church services, T.E.P. daily routines, activities)
* Sitting together as a couple, or setting yourselves apart from the rest of the group.
* Engaging in prolonged or “intimate” conversations, apart from the rest of the group.
* Demonstrating a special attention to or affection for each other, different from that shown to others in the group.
1. In one on one settings:
* Riding together in a vehicle, not accompanied by a chaperone (fellow T.E.P. student or an approved adult over 21).
* Engaging in Bible study, Scripture memory, or other such learning activities together.
* Private meetings at Host home or home of either party (even with adult or other T.E.P. disciples present), or other similar places.
* Phone conversations that are consistently longer than 10 to 15 minutes.
* If there are any questions about these guidelines or any part of them, please talk with your T.E.P. leaders.

***Discipline***

In order to enforce the rules and encourage responsibility, the students will be disciplined for misconduct. The following will be implied:

1. If a student is late (more than 10 minutes) to any activity, necessary actions deemed applicable to the situation by the T.E.P. leadership will be taken.
2. If a work day is missed without calling to notify T.E.P. leadership, it will count as a sick day.
3. After five infractions, your commitment and tenure at T.E.P. will be reviewed by leadership. Some infractions may result in immediate dismissal.

If you believe The Ezekiel Project is in your future, please pray about it and talk to your spiritual leader at your home church. If you have any questions or would like more information, please call The Ezekiel Project at (937) 6933554.

**Raising Support**

Since you are unable to work while in The Ezekiel Project program, you will need to raise support. You will need to write letters to those who you are close to, explaining what T.E.P. is and the need to raise support, and asking them to support you. In addition to raising support for yourself to live on, you will also need to give 10% of your monthly support to the general fund (tithe).

You will be required to keep your funds in an account on your own. You need to be sure you are disciplined with your finances. You will need to raise all of your support, or have your support plus monthly pledges that equal total support needed available and documented to be accepted into T.E.P.

**Budget Calculation**

1. The following is a payment schedule for your education classes.

Due:

Due:

Due:

1. Develop Your T.E.P. Budget

**Actual** **Example**

* Education: $\_\_\_\_\_\_/month $\_\_\_\_\_\_/month
* Housing (rent, utilities, gas, phone) $\_\_\_\_\_\_/month $ 450.00/month
* Car expenses: (repairs, oil and gas) $\_\_\_\_\_\_/month $ 100.00/month
* Misc.: (toiletries, off day expenses,

food, savings, etc.) $\_\_\_\_\_\_/month $ 300.00/month

* Variables: (car payment, auto &

 medical ins.) $\_\_\_\_\_\_/month $ 400.00/month

* Tithe: (10% of gross income) $\_\_\_\_\_\_/month $\_\_\_\_\_\_/month

Total per month $\_\_\_\_\_\_/month $\_\_\_\_\_\_/month

Total per year (multiply the monthly total by 10) $\_\_\_\_\_\_/year

**Sample Letter**

The following is a sample letter that can be modified to assist you in requesting financial support for The Ezekiel Project.

Date

Name

Address

Dear Mr. and Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I have been given a great opportunity to be a part of a life changing experience. The Ezekiel Project, at Only Believe Ministries Christian Center in Botkins, Ohio, has accepted me into their program and I will be starting the program on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_!

The purpose of The Ezekiel Project is to assist young people like me by building a bedrock of Christ-like character through a lifestyle of intense spiritual growth, while developing emotional maturity, professional excellence, and discovering God’s direction and purpose for my life.

I’m so excited to have the opportunity to be accepted into this program. I am asking that you pray for me and believe with me that my financial commitments can be met. Also, I would greatly appreciate it if you would consider financially supporting me either monthly or by a onetime gift. If you desire to send a pledge, either monthly or otherwise, please mail to \_\_\_\_\_\_\_\_\_.
(Make checks payable to my name. This is not a tax deductible gift.)

Thank you for your consideration in supporting me in The Ezekiel Project.

God bless you!

(Your name and address)

Coupon: (cut here)

Donor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please check one: \_\_\_\_\_\_\_Monthly Support \_\_\_\_\_\_\_One Time Gift
Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_

**The Ezekiel Project Application Process**

We are glad that you are considering The Ezekiel Project at Only Believe Ministries. After you have read the T.E.P. manual and wish to apply, please complete the following steps of the application process:

You will need to send us:

1. Proof of high school diploma or GED
2. Proof of personal health insurance
3. Application for admission
4. Autobiographical sketch with picture

Have others send us:

1. Two personal recommendations
2. Pastoral recommendation

We will review your application and recommendations as quickly as possible. If you are selected to join The Ezekiel Project, we will contact you concerning support and other information.

**Application for Admission**

*\*Please type or print in black ink*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time to Call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

Sex \_\_\_\_Male \_\_\_\_Female Marital Status \_\_\_Single \_\_\_Married

Birth date\_\_\_/\_\_\_/\_\_\_\_\_ Date of High School Graduation/G.E.D.\_\_\_/\_\_\_/\_\_\_\_\_

Birth place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

Are you a U.S. Citizen? \_\_\_\_Yes \_\_\_\_No

If no, list country of Citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual Information**

Have you accepted Jesus Christ as your personal Savior? \_\_\_\_\_Yes \_\_\_\_\_No

Have you been baptized in water? \_\_\_\_\_Yes \_\_\_\_\_No

Have you received the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_Yes \_\_\_\_No

Have you been involved in any other faith than Christianity over the last five years?

 \_\_\_\_Yes \_\_\_\_No If yes, which one(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved in Satanism or witchcraft, or anything of that nature?

 \_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finances**

What is your current source of income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you agree to the policy of raising your own support? \_\_\_\_Yes \_\_\_\_No

 \*You must have the required amount raised prior to entering the program.

**Family**

 \*Spouse must submit a second application if both are applying

 If married, name of spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Children (living with you)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M \_\_\_ F Birth date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M \_\_\_ F Birth date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ M \_\_\_ F Birth date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

 Parents

 Name of Father (Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living \_\_\_\_Yes \_\_\_\_No

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has he accepted Christ? \_\_\_\_Yes \_\_\_\_No

Where does he attend church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother (Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living \_\_\_\_Yes \_\_\_\_No

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has she accepted Christ? \_\_\_\_Yes \_\_\_\_No

Where does she attend church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Information**

Present Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Beginning Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Ending Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

 Duties Performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Beginning Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Ending Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

 Duties Performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health & Legal Information**

Have you ever used illegal drugs? \_\_\_\_Yes \_\_\_\_No If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you smoke? \_\_\_\_Yes \_\_\_\_No

Do you drink alcohol? \_\_\_\_Yes \_\_\_\_No In the past? \_\_\_\_Yes \_\_\_\_No

When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your physical and emotional limitations. State any attention or treatment required. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your education or employment been interrupted at any time because of your health or a nervous disorder? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

List any allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance

 Policy Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insurance Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Contact:

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you currently taking any prescribed medication? \_\_\_Yes \_\_\_ No

Have you taken any medications consistently over the last two years? \_\_\_Yes \_\_\_No

 If yes, please specify medication and reasons for taking it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received treatment/counseling for alcohol or drug abuse? \_\_\_ Yes \_\_\_ No

 If yes, please specify when and where. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently under a physician’s care for any illness? \_\_\_ Yes \_\_\_ No

 If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated by a doctor for any of the following in the last three years. (Please circle yes or no.)

Allergic reactions (food, medicine, bee stings, insects, etc.) \_\_\_ Yes \_\_\_ No
Asthma or chronic wheezing \_\_\_ Yes \_\_\_ No

Cancer \_\_\_ Yes \_\_\_ No

Chronic cough \_\_\_ Yes \_\_\_ No

Diabetes or Hypoglycemia (low blood sugar) \_\_\_ Yes \_\_\_ No

Emphysema or lung/respiratory problems \_\_\_ Yes \_\_\_ No

Epilepsy or seizure disorder \_\_\_ Yes \_\_\_ No

Fainting spells or dizziness \_\_\_ Yes \_\_\_ No

High blood pressure \_\_\_ Yes \_\_\_ No

Kidney problems \_\_\_ Yes \_\_\_ No

Mental counseling or psychiatric treatment \_\_\_ Yes \_\_\_ No

Migraine headaches \_\_\_ Yes \_\_\_ No

Shortness of breath \_\_\_ Yes \_\_\_ No

Skin disorder (other than acne) \_\_\_ Yes \_\_\_ No

Vision or hearing impairment \_\_\_ Yes \_\_\_ No

Any test result indicating exposure to the AIDS virus? \_\_\_ Yes \_\_\_ No

Have you been arrested? \_\_\_\_Yes \_\_\_\_No

 If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Were you convicted of a crime? \_\_\_\_Yes \_\_\_\_No

 If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Vision For the Ministry**

If additional space is needed, please use another sheet of paper.

Have you prayed concerning this commitment? \_\_\_\_Yes \_\_\_\_No

Do you feel you have a call of God on your life? \_\_\_\_Yes \_\_\_\_No

When do you feel the Lord called you to the ministry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your definition of a servant?

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

To what area of ministry in the church do you feel called? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do your parents (family) feel about you participating in The Ezekiel Project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your plans after The Ezekiel Project, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel you could submit to Only Believe Ministries’ mission statement and requirements named in this manual? \_\_\_\_Yes \_\_\_\_No

**Release Slip**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that The Ezekiel Project and Only Believe Ministries Christian Center shall not be liable for any injuries, damages, or cost which may be incurred by my participation in the activities of The Ezekiel Project. I give any Only Believe Ministries Leadership permission to take me for emergency medical treatment.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Verity**

I have honestly completed this application. I have read all of the enclosed information on *The Ezekiel Project,* and I agree to it. I understand that there is a selection process in place, and after applying and a personal interview, I will be notified within 10 days if I have been selected.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autobiographical Sketch Personal Statement**

Write an autobiographical sketch, including a brief description of the following items: (Please type or print in pen)

1. Personal faith and salvation experience with Jesus Christ
2. Description of your Christian experience since conversion
3. Description of your gifts and talents that will be used in Christian service
4. Description of your Christian service in your church
5. Statement on why you desire to attend The Ezekiel Project
6. Statement of what you want to accomplish upon graduation from The Ezekiel Project

Limit your response to 300 words. Please use a plain piece of white paper to complete this assignment.

Please place the following in one envelope and send to:

1. Proof of high school diploma or GED The Ezekiel Project
2. Proof of personal health insurance c/o Only Believe Ministries
3. Application for admission 13815 Botkins Road
4. Autobiographical sketch with picture Botkins, OH 45306

You may also scan and email to: kbooser@obmcc.org.

**Confidential Reference**

Please have a friend, teacher, or coworker (the reference may not be related to you) fill out the following questions and mail them directly to the address at the end of the reference form.

***\*Please type or print in black ink***

Applicant’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you attend church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_\_Very Well \_\_\_\_\_\_Well \_\_\_\_\_\_Casually

Please mark the following by each number.
E: Excellent G: Good F: Fair P: Poor N: No Personal Knowledge

\_\_\_\_\_\_1. Mental Ability \_\_\_\_\_\_17. Follows Instructions
\_\_\_\_\_\_2. Personal Motivation \_\_\_\_\_\_18. Concern for Others
\_\_\_\_\_\_3. Financial Stability \_\_\_\_\_\_19. Response to Pressure
\_\_\_\_\_\_4. Maturity \_\_\_\_\_\_20. Church Attendance/Involvement
\_\_\_\_\_\_5. Creativity \_\_\_\_\_\_21. Reliability
\_\_\_\_\_\_6. Personal Devotions \_\_\_\_\_\_22. Honesty
\_\_\_\_\_\_7. Spiritual Growth \_\_\_\_\_\_23. Self-image
\_\_\_\_\_\_8. Emotional Stability \_\_\_\_\_\_24. Disposition
\_\_\_\_\_\_9. Liked by Others \_\_\_\_\_\_25. Adaptability
\_\_\_\_\_\_10. Ability to Motivate/Organize \_\_\_\_\_\_26. Servanthood

\_\_\_\_\_\_11. Positive Attitude \_\_\_\_\_\_27. Teachable Spirit

\_\_\_\_\_\_12. Ability to Plan \_\_\_\_\_\_28. Moral Standards

\_\_\_\_\_\_13. Enthusiasm \_\_\_\_\_\_29. Self-discipline
\_\_\_\_\_\_14. Judgment \_\_\_\_\_\_30. Teamwork
\_\_\_\_\_\_15. Appearance
\_\_\_\_\_\_16. Communication Skills

Please comment on the applicant's character. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What gift(s) have you observed in the applicant?

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

Would you recommend the applicant to The Ezekiel Project, a fairly intense program?

\_\_\_\_\_\_Yes \_\_\_\_\_\_No

 Please explain why or why not.

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAIL WHEN COMPLETED TO:

The Ezekiel Project
c/o Only Believe Ministries

13815 Botkins Road

Botkins, OH 45306

Or you may scan and email to: kbooser@obmcc.org.

**Confidential Reference**

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***\*Please type or print in black ink***

Applicant’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you attend church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_\_Very Well \_\_\_\_\_\_Well \_\_\_\_\_\_Casually

Please mark the following by each number.
E: Excellent G: Good F: Fair P: Poor N: No Personal Knowledge

\_\_\_\_\_\_1. Mental Ability \_\_\_\_\_\_17. Follows Instructions
\_\_\_\_\_\_2. Personal Motivation \_\_\_\_\_\_18. Concern for Others
\_\_\_\_\_\_3. Financial Stability \_\_\_\_\_\_19. Response to Pressure
\_\_\_\_\_\_4. Maturity \_\_\_\_\_\_20. Church Attendance/Involvement
\_\_\_\_\_\_5. Creativity \_\_\_\_\_\_21. Reliability
\_\_\_\_\_\_6. Personal Devotions \_\_\_\_\_\_22. Honesty
\_\_\_\_\_\_7. Spiritual Growth \_\_\_\_\_\_23. Self-image
\_\_\_\_\_\_8. Emotional Stability \_\_\_\_\_\_24. Disposition
\_\_\_\_\_\_9. Liked by Others \_\_\_\_\_\_25. Adaptability
\_\_\_\_\_\_10. Ability to Motivate/Organize \_\_\_\_\_\_26. Servanthood

\_\_\_\_\_\_11. Positive Attitude \_\_\_\_\_\_27. Teachable Spirit

\_\_\_\_\_\_12. Ability to Plan \_\_\_\_\_\_28. Moral Standards

\_\_\_\_\_\_13. Enthusiasm \_\_\_\_\_\_29. Self-discipline
\_\_\_\_\_\_14. Judgment \_\_\_\_\_\_30. Teamwork
\_\_\_\_\_\_15. Appearance
\_\_\_\_\_\_16. Communication Skills

Please comment on the applicant's character. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What gift(s) have you observed in the applicant?

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

Would you recommend the applicant to The Ezekiel Project, a fairly intense program?

\_\_\_\_\_\_Yes \_\_\_\_\_\_No

 Please explain why or why not.

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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c/o Only Believe Ministries

13815 Botkins Road

Botkins, OH 45306

Or you may scan and email to: kbooser@obmcc.org.

**Pastor's Reference Form**

***\*Applicant, please type your personal information here, or print in black ink.***

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To the applicant: The rest of the form should be completed by your Pastor and mailed directly to the address at the end of the reference form. If your Senior Pastor is a family member, please have the next available Pastor in your church fill out this form.

***To the Pastor: We ask that in completing this evaluation you would please mail it directly to Only Believe Ministries. Thank you for your honesty, input and time.***

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has the applicant been a member of your church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well do you know the applicant?
 \_\_\_\_\_\_Very Closely \_\_\_\_\_\_Fairly Well \_\_\_\_\_\_Casually \_\_\_\_\_\_By Name/Sight Only

What is the level of the applicant's commitment in your ministry?
 \_\_\_\_\_\_Faithful \_\_\_\_\_\_Inconsistent \_\_\_\_\_\_Other

How would you describe the applicant’s emotional maturity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the applicant react in trying circumstances?

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

Has the applicant ever proven to be unreliable, dishonest, or questionable in character?

 \_\_\_\_\_Yes \_\_\_\_\_No

 If yes, please explain.

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

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

Please mark the following by each number.
 E: Excellent G: Good F: Fair P: Poor N: No Personal Knowledge

\_\_\_\_\_\_1. Mental Ability \_\_\_\_\_\_17. Follows Instructions
\_\_\_\_\_\_2. Personal Motivation \_\_\_\_\_\_18. Concern for Others
\_\_\_\_\_\_3. Financial Stability \_\_\_\_\_\_19. Response to Pressure
\_\_\_\_\_\_4. Maturity \_\_\_\_\_\_20. Church Attendance/Involvement
\_\_\_\_\_\_5. Creativity \_\_\_\_\_\_21. Reliability
\_\_\_\_\_\_6. Personal Devotions \_\_\_\_\_\_22. Honesty
\_\_\_\_\_\_7. Spiritual Growth \_\_\_\_\_\_23. Self-image
\_\_\_\_\_\_8. Emotional Stability \_\_\_\_\_\_24. Disposition
\_\_\_\_\_\_9. Liked by Others \_\_\_\_\_\_25. Adaptability
\_\_\_\_\_\_10. Ability to Motivate/Organize \_\_\_\_\_\_26. Servanthood

\_\_\_\_\_\_11. Positive Attitude \_\_\_\_\_\_27. Teachable Spirit

\_\_\_\_\_\_12. Ability to Plan \_\_\_\_\_\_28. Moral Standards

\_\_\_\_\_\_13. Enthusiasm \_\_\_\_\_\_29. Self-discipline
\_\_\_\_\_\_14. Judgment \_\_\_\_\_\_30. Teamwork
\_\_\_\_\_\_15. Appearance
\_\_\_\_\_\_16. Communication Skills

In your opinion, which area of ministry is the applicant gifted in?

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

Do you recommend this applicant for The Ezekiel Project? \_\_\_\_\_Yes \_\_\_\_\_No

**Pastor's Personal Information**

Pastor's Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail to:

The Ezekiel Project, c/o Only Believe Ministries, 13815 Botkins Road, Botkins, OH 45306.

*We would like to thank you for all of your help.*

*May God abundantly bless your family and ministry.*