



INTERNATIONAL CENTRAL GOSPEL CHURCH
DOMINION TEMPLE FORM

Counseling Form

Fill form with clear prints.

Last Name: _____

First Name: _____

Date of Birth (mm/dd/yy): _____

Street Address: _____

Apt #: _____ City: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

What is the issue about? (explain briefly):

Are you a “born again” Christian: Yes No (tick applicable box)

How long have you been a Christian?: _____

Have you received the Baptism of the Holy Spirit (Acts 2:4)? Yes No (tick applicable box)

What area of ministry are you interested in? (explain):

Any experience in the stated area of ministry? (explain):

Your Signature: _____ Date (mm/dd/yy): _____

You acknowledge all information provided is true to your best knowledge.

Office use only

Counseling Official’s Signature: _____ Date (mm/dd/yy): _____