



Space Partnership Application

Mail to: Dr. Bob Webster
Foothills Community Church
2540 E. Orange Grove Blvd., Pasadena, CA 91107
Email: b.webster@fccpasadena.org
Telephone: (626) 796-0715
Fax: (626) 796-3372

Your name _____ Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Date of Birth: _____

Driver's License Number: _____

Current Academic Position: _____

Marital Status: Single Married Engaged Widowed Divorced Separated

Spouse's name _____ Is he/she a Christian? _____

Describe your educational background:

	<i>School</i>	<i>Year Graduated</i>	<i>Degree</i>
High School:	_____	_____	_____
Undergraduate:	_____	_____	_____
Graduate:	_____	_____	_____

Describe the type of ministry, including purpose, target group, and strategy, that you would like to develop using our facility: _____

Because our church would be using our facility in this ministry, the following two questions have been added to this application:

- 1) Have you ever been accused or convicted of physical or sexual abuse? Yes No
- 2) Are there any circumstances in your personal history that would call into question your ability to work with children? Yes No

If you answered, "Yes," to either of the above questions please explain: _____

(Answering "Yes," to either of the above questions will not result in automatic disqualification.)

I verify that, to the best of my ability, I have provided truthful and accurate information in response to all of the above questions and prompts.

Signature

Date