



INTERNATIONAL CENTRAL GOSPEL CHURCH  
**DOMINION TEMPLE FORM**

**Discipleship 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: \_\_\_\_\_

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

Officiating Pastor's Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_