



Erēmos Program Application

Name: _____ Date: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____ Age: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Male Female Married Engaged Single Divorced

On a separate piece of paper, please provide a personal biography. Describe your family, conversion, and other important details. 1500 word minimum. Please also e-mail a current photo of yourself.

Letters of Reference: Please list the names of 3 people who will provide letters of reference, one of which must be a pastor. (You are responsible to give a Request for Reference form to each individual.)

Name: _____ Relationship: _____

Phone Number: _____ E-Mail Address: _____

Name: _____ Relationship: _____

Phone Number: _____ E-Mail Address: _____

Name: _____ Relationship: _____

Phone Number: _____ E-Mail Address: _____

What are your ministry goals?

What is your philosophy of ministry?

What is your ministry experience?

Educational Background:

Highest grade completed or degree received: _____

Last school attended: _____

Dates: _____ GPA standing: _____

How does your education help in possible ministry leadership?

What is your work experience?

Most recent employment: (Dates and nature of work – any comments)

Past employment: (Dates and nature of work)

Are you planning to work part/full time or be involved in additional studies while in the Central Willamette Valley? (Explain)

Mid-Valley Fellowship is a local Christian organization that presents a message of hope and healing for those struggling with sexual brokenness. We minister to individuals, churches, and those facing the reality of a spouse, family member, or friend impacted by sexual brokenness. The ministry requires a high degree of transparency and comfort discussing deeply personal issues. It is for this reason that we ask you to answer the following questions:

What is your experience with homosexuality, pornography/sexual addiction, sexual abuse, or other sexual struggles?

Please check the items below with which you have experience, either personally or with your family or friends:

Past	Present	Personally	Others	
_____	_____	_____	_____	Abortion
_____	_____	_____	_____	Abuse (verbal, physical, sexual)
_____	_____	_____	_____	Alcoholism
_____	_____	_____	_____	Cults
_____	_____	_____	_____	Drug Abuse
_____	_____	_____	_____	Occult Activity
_____	_____	_____	_____	Promiscuity
_____	_____	_____	_____	Prostitution
_____	_____	_____	_____	Satanism

Explain:

Are you presently dealing with any addictions:

- Alcohol
 Cigarettes
 Chewing Tobacco
 Gambling
 Other: _____

Have you ever been through a Mid-Valley Fellowship or similar support program?

If yes, when? _____ Where? _____

Name of leader/counselor: _____

Describe your experience of the program:

Have you been (or are you currently) in counseling? Yes No

If yes, please describe:

Was (or is) it beneficial? Why/Why not?

Are you currently taking any medication? Yes No

- Depression
- Seasonal Affected Disorder
- Mood Altering Drugs
- Anxiety
- Other: _____

Each individual will be required to join a local church body of his/her choosing. Describe your history with the Body of Christ and/or denominational affiliation.

What is your view of the authority of the Bible?

What is your theological opinion of homosexuality?

What is your theological opinion of pornography/sexual addiction?

What is your theological opinion of sexual abuse?

Is there any other information that you think would be helpful for us to know?

Please Mail To:
Mid-Valley Fellowship, Post Office Box 3141, Albany, Oregon 97321
midvalleyfellowship.org • 541.928.2164 • office@midvalleyfellowship.org