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12. If married, name of mate \_\_\_\_\_

13. Names and ages of children \_\_\_\_\_

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14. Do you use tobacco, alcohol or other drugs in any form?  Yes  No

15. Would you be willing to stop using tobacco, alcohol or other drugs?  Yes  No  
If yes, attach a complete explanation.

16. Explain your reason for entering this training program \_\_\_\_\_

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17. Proposed date of enrollment \_\_\_\_\_

18. When and where were you baptized? \_\_\_\_\_

19. Name and address of congregation you attend \_\_\_\_\_

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If there is anything in your life or background of importance or significance which you feel the administration of PIBC should know, please attach information to application.

I certify that the preceding statements and information are correct and complete.

Date \_\_\_\_\_

Signature \_\_\_\_\_