



**Educational Background**

	Undergraduate	Undergraduate	Graduate	Graduate
Units Completed:				
Degree Earned:				
Date of Degree:				
School Name:				

**Additional Work Experience (two most recent):**

Company/Church Name: \_\_\_\_\_

Location: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Skills Most Utilized: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company/Church Name: \_\_\_\_\_

Location: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Skills Most Utilized: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Your Expectations of MAXIMUM IMPACT (please use additional pages if needed):**

Why do you want to participate in MAXIMUM IMPACT?

What do you hope to gain from your participation in MAXIMUM IMPACT?

How do you expect your ministry to change as a result of your participation in MAXIMUM IMPACT?

I release my results for the following assessments to the regional application team. These results will be held in strict confidence.

- 16 PF
- DISC

I have read the Participant Covenant and commit to the expectations of this covenant.

I have shared the Participant and Congregational Covenants with my congregational leaders and they commit to support my participation in the MAXIMUM IMPACT Center through prayer, finances, and time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Instructions:** All MAXIMUM IMPACT application forms and inquiries should be directed to:

**Stephanie Anderson, Maximum Impact Coordinator**  
**Florida Church of God Ministries,**  
**State Office Resource Center**  
**5826 Hoffner Avenue, Suite 1001**  
**Orlando, FL 32822**  
**Phone: 407-737-7633**  
**Stephanie@flcog.org**

**Applications and assessments are confidential and held in separate files from one's state credentials file.**