



Northeast Georgia  
Church Planting Residency

## Residency Application

*“Preparing the next generation of leaders for maximum impact”*

All information submitted on the application will be treated as personal and confidential and will only be viewed by the Residency Leadership Team. Please adhere to the following application process:

- **Complete the application and return to Rod Zwemke by the advertised application deadline date, or mail it to the CBA office (1220 McEver Road, Gainesville, GA 30504)**
- **Submit, with your completed application, a non-refundable deposit (\$50 per person, made payable to the CBA)**
- *The Residency Leadership Team will review the application and references.*
- *If necessary, applicants may be interviewed by the Residency Leadership Team. You will be notified of the status of your application. Upon approval, you will be contacted by Rod Zwemke.*

**IMPORTANT: Please print clearly and complete all information requested**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ (City/Zip) \_\_\_\_\_

**Marital Status** (please check one)

Single  Married  Separated  Engaged  Widowed

**If married, please list your spouse's name:**

\_\_\_\_\_

**Is your spouse supportive of you applying for this residency?**  Yes  No

If NO, please explain:

\_\_\_\_\_

**Place of employment:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

May we call you at work?  Yes  No

**In regards to my link with the CBA and related churches, I am a** (please check one):

Member  Regular Attender  Occasional Attender  Other \_\_\_\_\_

**Church Name:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Share why you desire to enter the residency program:**

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**What are the realistic challenges might keep you from the residency program?**

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**Share how you came faith in Christ and your current pursuit of Him.**

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**How clear is your call to ministry and/or church planting?**

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**If selected to be a part of the residency program, I make a commitment to:**

- a) Attend all of the training sessions, unless an emergency arises
- b) Conduct myself in a manner worthy of the Lord, while in the classroom and during field exercises
- c) To respect the Residency Leadership Team and the host-on-the-field's authority and guidance
- d) Refrain from any behavior which may compromise my witness while at Residency events  
(i.e.: abusive language, drug use, drinking alcohol, smoking)
- e) Meet all financial requirements and deadlines.

**Please initial \_\_\_\_\_**

**To the best of my knowledge, the information supplied on this application is accurate and truthful.**

(Sign) \_\_\_\_\_ (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please provide two references. One should be a ministry leader with whom you have served. The other should be someone who knows your ministry abilities, as well as your strengths.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

**Please submit this application, your deposit and all other requested information to Rod Zwemke, Church Planting Strategist at the Chattahoochee Baptist Association**

or by mail to :

**Chattahoochee Baptist Association – 1220 McEver Road, Gainesville, GA 30504  
Attention: Rod Zwemke**