



Ministry Development Services

REGISTRATION FOR INDIVIDUAL CANDIDATE PROGRAM - UUA

Name _____
(Last) (First) (Middle) (Nickname)

Race/Ethnic(optional) _____ Gender: _____
(Male) (Female) (PGP)

Address _____
(Street) (City) (State) (Zip)

Telephone Numbers _____
(Home) (Work) (Cell)

Email Address _____ Date of Birth _____

Age _____ Marital Status _____ Spouse/Fiancé/Partner Name _____

Denomination _____ Conference _____

I will need help with (check if applicable):

Stairs: _____ Writing: _____ Language: _____
Reading: _____ Audio: _____ (translator)

Total years of schooling, including the first twelve years: _____

I was referred Ministry Development Services by:

___ Myself
___ Other: Name _____ Position _____

Address _____
(Street) (City) (State) (Zip)

Ministry Development Services
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