

All Things New Accountability Partner Application



Thank you for your interest in serving as an Accountability Partner for the All Things New Ministry. Each applicant will be screened by the Ministry Leadership prior to being paired with a person enrolled in the All Things New Discipleship program.

Please print legibly and answer every question on this 2-page application. Circle response where applicable. If you need additional space for any question, please use the second page continuation section.

Date: _____

Last Name _____ *First Name* _____

Street Address _____

City _____ *State* _____ *Zip Code* _____

Home # _____ *Work #* _____ *Cell #* _____

E-mail Address _____ *Date of Birth (mo/day/year)* _____

Have you ever personally experienced Same-Sex Attraction (SSA)? Yes No

If yes, please briefly describe your experience and how you overcame SSA

Why are you interested in serving as an Accountability Partner?

Current Ministry Involvement

MINISTRY NAME	MY ROLE	DATES OF SERVICE	MINISTRY LEADER phone number

Continuation from any question above (indicate what question)
