

APPLICATION FOR SPECIAL METROPOLITAN PUBLIC WITNESSING PROGRAM

1. Legal name:
(Last) (First) (Middle)
2. Address:
(Street address or route and box) (E-mail address)

(City) (Province or state) (Zone or code) (Home phone) (Mobile phone)
3. Congregation name:
(Directional or geographic designation) (City) (Province or state)
4. What languages do you speak fluently?
5. Date of birth: / / Date of baptism: / /
(Month) (Day) (Year) (Month) (Day) (Year)
6. Marital status: Married () Single () Divorced () Separated () Widowed ()
7. Are you a: Regular or special pioneer? Ministerial servant? Elder?
8. Have you been reprovved by a judicial committee within the last three years? If so, when?
9. Have you been reinstated by a judicial committee within the last five years? If so, when?
10. Are you now of good moral standing and habits?
11. Are you willing and able to follow theocratic direction on public witnessing?

Please indicate your current weekday availability:				
Symbols to be placed in the boxes below:				
M = Morning A = Afternoon E = Evening H = Half day F = Full day NA = Not available				
Monday	Tuesday	Wednesday	Thursday	Friday

Please indicate below the number of weekend days you are available each month:	
Saturday	Sunday

Please note that completing this application is not a guarantee that you will be approved to participate in this special public witnessing program.

.....
(Signature) (Date)

**THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE
CONGREGATION SERVICE COMMITTEE**

1. Is the applicant a zealous Kingdom publisher?
2. Does he care well for his responsibilities?
3. Does he enjoy and promote good relations with others?
4. Does he demonstrate a proper view toward people of other cultures?
5. Does he cooperate with the body of elders?
6. (a) Does he demonstrate a willingness to approach people in different public settings in order to share the good news?
- (b) Does he demonstrate discernment when doing so?
7. (a) If the applicant has been disfellowshipped or disassociated in the past, was he reinstated within the past five years?
 () N/A () Yes () No (b) If so, when?
8. Has he been reprovved by a judicial committee in the last three years? When? Date restrictions lifted:
9. Is he now of good moral standing and habits?
10. Do you recommend that he be trained for this special public witnessing program?

YOUR PERSONAL RATING OF THE APPLICANT					
Whenever possible, close relatives should not sign the application					
Rating symbols to be placed in the boxes below: A = Excellent B = Good C = Average (qualifies) D = Poor (may not qualify) E = Does not qualify					
	Coordinator of the body of elders	Secretary	Service overseer	Circuit overseer	Comments
Dignified personal appearance					
Dependable and organized					
Balance in judgment and discernment					
Physical stamina					

.....
(Coordinator of the body of elders—Sign and print name)

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(Circuit overseer—Sign and print name and circuit assignment)

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(Secretary—Sign and print name)

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(Date)

.....
(Service overseer—Sign and print name)

If the circuit overseer approves the applicant, he should sign this form and forward it to the public-witnessing coordinating elder. The form should be kept on file.