



APPLICATION FOR “CHURCH NETWORK” STATUS

Complete this form (*type* or *print* clearly) in full and mail it to One By One offices, attention: Kristin Johnson.

(1) Church Information and Contact Details

Once your church becomes a member, all items in bold print will appear in publicly distributed membership lists. Other information is not for public distribution.

Church Name: _____

Senior Pastor: _____

Street Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Church Phone: _____ **Web Address:** _____

Office Fax: _____ **Email Address:** _____

Contact person for this area of ministry within the church? _____

Is this person on staff with the church? _____ If so, in what capacity? _____

Names of others who will be part of leading this ministry within the church:

Names	On Staff? If so, in what capacity?
_____	_____
_____	_____
_____	_____

Is your church in agreement with One by One’s doctrinal and policy statements? Yes No

(2) Church’s Beliefs

On a separate sheet of paper, please provide brief answers to the following questions.

- What does the term “born again” (John 3:3) mean to your church?
- Do you believe that God can change the life of a man or woman living homosexually? Please explain your answer.

- If your church has had any ministry specifically to those affected by homosexuality, please describe.
- Why does your church want to become part of the One by One Network of Churches?

(3) Church ministry Information

Specific Ministry Areas: Does your church offer specific ministry **to those dealing with homosexuality or sexual brokenness?** If so, please describe.

General Ministry Areas: Please note below if your church has any of the following general ministry areas. These will be listed on the One By One website as ministries of your church.

- | | |
|---|--|
| <input type="checkbox"/> Men’s Ministries | <input type="checkbox"/> Small Groups |
| <input type="checkbox"/> Women’s Ministries | <input type="checkbox"/> Singles’ Ministry |
| <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Service Opportunities |
| <input type="checkbox"/> Divorce Recovery | <input type="checkbox"/> Mentoring Ministries |
| <input type="checkbox"/> Stephen Ministry | |

If you offer other types of ministries that you would like us to list, please describe those below:

(4) Verification

I confirm that the information this church has given is true and correct. I authorize the Board of One By One or their designated representative to contact the church’s Senior Pastor, governing body, or other spiritual authorities should they have any questions concerning this Application Form.

Name: _____ Position: _____
(please print)

Signature: _____ Date: _____

Mail the following items to One By One:

- Completed Application
- Separate sheets of additional information requested

Mailing Address:

One By One
P. O. Box 648
Pittsford, NY 14534