



New Center Application

(To be filled out by the Director)

Name of Center _____

Street _____

City _____ State _____ Zip _____

Proposed starting date _____

Website address _____

Center email address _____

Center phone number _____

Will the Center operate in your home church Yes No

Name of church that will be a spiritual covering for the Center

Church address (if different than Center address)

Name of organization that will house the Center (if applicable)

Address of organization that will house the Center (if applicable)

What day of the week will your Center be open _____

What time of the day will your Center be open _____

Will you be closing the Center every December _____



Director's Information

Name _____ Date of birth _____

Are you married Yes No

If yes, how does your spouse feel about you being the director of this ministry _____

Do you have children Yes No If yes, how many _____

Home phone # _____ Cell phone # _____

Personal email address _____

Name of home church _____

Church phone # _____ How long have you attended _____

Pastor's name _____

How long have you known the pastor _____

Will this ministry be considered a ministry of your church Yes No

Name of employer _____

How long have you been employed there _____

Briefly tell us about your ministry experience



If you are a Pastor serving as both Advisor and Director, skip down to “Administrator Information” and complete the remaining part of this application.

Advisor’s Information

Name _____ Date of birth _____

Are you married Yes No

If yes, how does your spouse feel about you being the advisor to this ministry _____

Do you have children Yes No If yes, how many _____

Home phone # _____ Cell phone # _____

Personal email address _____

Name of home church _____

Church phone # _____ How long have you attended _____

Pastor’s name _____

How long have you known the pastor _____

Will this ministry be considered a ministry of your church Yes No

Name of employer _____

How long have you been employed there _____



Administrator's Information

Name _____ Date of birth _____

Are you married Yes No

If yes, how does your spouse feel about you being the administrator for this ministry _____

Do you have children Yes No If yes, how many _____

Home phone # _____ Cell phone # _____

Personal email address _____

Name of home church _____

Church phone # _____ How long have you attended _____

Pastor's name _____

How long have you known the pastor _____

Will this ministry be considered a ministry of your church Yes No

Name of employer _____

How long have you been employed there _____



Agreement

Have you attended a Freedom Training in person Yes No
(all Directors MUST attend this training in person)

If yes, please provide date of attendance _____

If yes, please provide the name of church and address _____

As a director of a Freedom Center it is important that you feel comfortable with the standards, style and format, and that you will agree to not change anything when setting up your Center.

Do you agree with the Freedom Center Network's standards, style and format of ministry?
Yes No

Do you agree to not add or subtract from the:

Teachings; Yes No

One on One sessions; Yes No

Format and Style; Yes No

Signature _____ Date _____

Please mail application, the Pastoral Recommendation Form (if applicable) and the new membership fee of \$ 2,000.00 to the address below. Please make checks payable to Freedom Center Network or pay on-line at www.freedomcenternetwork.com . You do not need to have a PayPal account to pay on-line. The new membership fee will be returned to you in the event your application is denied.

Freedom Center Network
% Bethel Cleveland
16670 E. Bagley Rd.
Middleburg Hts., OH 44130

*If the Director is not also the Sr. Pastor of the church, please have the Sr. Pastor complete the following Pastoral Recommendation Form and send it to my attention.



Pastoral Recommendation Form

Director's Name _____

Thank you for taking time out of your busy schedule to fill out this Pastoral Recommendation Form! You are receiving this form because the above named proposed director has expressed an interest in planting a Freedom Center and joining the Freedom Center Network. Planting and leading a Freedom Center requires stability, passion, and strength of character. We've created this form to help us in determining whether or not the proposed director is ready to undertake such a ministry.

We also want to make sure that the proposed director has the complete approval and support of their Sr. Pastor as they take on the new responsibility as a Freedom Center director. If they don't have it, we will not accept them into the FCN.

Below you will find 8 categories that we would like you to "rate" the proposed director in. Please circle the number that fits best. For example, a "1" circled under *Teachable* would tell us that the proposed director is not willing to receive from you, and a "10" would indicate that they are always willing to receive from you.

1. Teachable 1 2 3 4 5 6 7 8 9 10

Comments: _____

2. Punctuality 1 2 3 4 5 6 7 8 9 10

Comments: _____



3. Humility 1 2 3 4 5 6 7 8 9 10

Comments: _____

4. Interaction with others 1 2 3 4 5 6 7 8 9 10

Comments: _____

5. Team player 1 2 3 4 5 6 7 8 9 10

Comments: _____

6. Faithfulness 1 2 3 4 5 6 7 8 9 10

Comments: _____

7. Character development 1 2 3 4 5 6 7 8 9 10

Comments: _____

8. A balanced home life 1 2 3 4 5 6 7 8 9 10

Comments: _____



Do you have any additional comments to add _____

Please check one of the following:

- ☐ I believe that the proposed director will do well planting and leading a Freedom Center, and I give them my blessing.
- ☐ I do not believe the proposed director is ready for such a ministry, and I do not give them my blessing.
- ☐ I believe the proposed director may be ready for such a ministry, but I need more information before I give them my blessing.

Signature _____ Date _____

Please print name _____

Title _____

Church _____

Phone (optional) _____



When you're finished with this form, please mail it to me. If you have any questions about Freedom Center Network, please call me! I'd love to speak with you!

Sincerely,

A handwritten signature in black ink that reads "Kim Snyder" followed by a long, sweeping horizontal line.

Kim Snyder
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Middleburg Hts., OH 44130
440-243-9001
info@freedomcenternetwork.com