

Marital Status (check):	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
If married, please have your spouse sign here stating that he/she is in agreement with you serving here at IBF and understands the time commitment.	SPOUSE'S SIGNATURE: X _____
Have you ever been accused, convicted or pleaded guilty to a felony? (circle) Yes No	
If yes, explain:	

Have you ever been accused of abusing a child or any person under the age of 16? (circle) Yes No	
If yes, explain:	

SECTION 3 – SPIRITUAL INFORMATION	
Are you a born again Christian? Circle only ONE (1) answer: Yes No Unsure	If yes, then how long?
How do you know that you are saved?	
Describe your walk with God at this time:	
If you are not a born again Christian, would you like someone to speak with you during your visit? Circle only ONE (1) answer: Yes No Unsure	

SECTION 4 – ADDITIONAL INFORMATION

Do you smoke cigarettes? (circle) Yes No

Do you drink alcohol? (circle) Yes No

Do you use any illegal substances? (circle) Yes No

If you circled yes to any of the above, would you commit to abstain from these activities while staying with us? (circle) Yes No

SECTION 5 – REFERENCES**Reference #1**

First Name:

Surname:

Months / Years Known:

Telephone:

Relationship:

Address:

Reference #2

First Name:

Surname:

Months / Years Known:

Telephone:

Relationship:

Address:

Fees:

Due to the large number of visitors we host each year, it has become necessary to assess a daily fee for staying with us. Our grocery bills, utility bills, and water bills have increased drastically. You may have to share a room. The following fees merely cover the actual expenses.

Daily Rate Per Person – (September-March) £20

Daily Rate Per Person – (April-August) £25

Includes one meal per day.

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this form to give you any information that they may have regarding my character. In consideration of the receipt and evaluation of this application by Inverness Bible Fellowship or Calvary Chapel, I hereby release any individual, Church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organisation identified by me in this application.

PRINT FULL NAME:
SIGNATURE:
DATE:

When completed, please return this form to a member of the church staff.

Or email to: leo@ccbf.net

Or mail / post to:

Inverness Bible Fellowship
Steading Cottage
Upper Cullernie Farm
Balloch
Inverness
IV2 7HU
United Kingdom

IMPORTANT NOTE:

Completing and submitting this form is not considered approval to stay with us. You will be contacted by telephone or email. If we are unable to accommodate you, we are glad to refer you to other area hotels, B&B's, and youth hostels upon request.

Depending upon availability, we may not be able to provide a private room.

Feel free to call us with any questions you have:

Calling from within the United Kingdom: (01463) 798 151
Calling from outside the U.K.: 44 - 1463 798 151