

# Oasis Church - Round Rock, Texas

## Restoration Application

Please complete all forms and turn them into the Senior Pastor or one of the church advisors. After we receive your application Pastor Danny will be in contact with you to set up a pre-restoration interview. Following the interview and approval process, Oasis will begin class and welcome you into the restoration process at the next scheduled meeting.

**Fill out and return the following information: *I have received Jesus Christ as my personal Savior and Lord, and desire to enter into restoration by Oasis Church.***

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail\*: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Remarried

Church previously attended (name of church & city/state): \_\_\_\_\_

Have you ever attended a restoration course? \_\_\_\_\_ if so when and where?

\_\_\_\_\_

What are of restoration are you seeking? \_\_\_\_\_ for your marriage?

\_\_\_\_\_ for addiction \_\_\_\_\_ from Abuses,  
\_\_\_\_\_ for or from Fear, \_\_\_\_\_ for or from Lust,  
\_\_\_\_\_ for all or from All,  
\_\_\_\_\_ others (List).

Briefly explain your need for restoration. (Your story) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like God to heal through restoration?**

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**What do you perceive restoration to mean?**

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\*If available and applicable.

<b>Family Members in Your Current Household</b>	<b>Relationship</b>	<b>Birth date</b>

**Please write out your personal testimony of how you came to Christ on the back.**

**Have you been baptized (date)? \_\_\_\_\_ If not, do you wish to be?  Yes  No**

**What way(s) do you desire to serve within our church family (based on your interests, abilities, gifts, and time)?**

**Have you attended all 3 sessions of the Oasis Church – Foundations (Growth Track)?**

Yes  No  I have attend \_\_\_\_ of the 4 classes  I am willing to participate in these classes in the future.

Note: Although these 3 classes are not a requirement for restoration, participation in these classes will be very beneficial to your spiritual health and your participation within our church family.

**I have had access (go to: [www.oasischurchtx.com](http://www.oasischurchtx.com) or request from the church office) copies of the Statement of Faith, Articles of Incorporation and By-Laws and am in full agreement with them in both word and spirit. As a member of this church, I will abide by these documents, and seek to fulfill the restoration class responsibilities to the best of my ability, and will endeavor to fulfill my responsibilities to the Lord and to His work.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Please turn this form (and the next page with your testimony) into the church office at 136 Snowdrift Trail Round Rock, Texas 78664. Within 1-4 weeks you will be contacted by the church Pastor or advisors who will set up an interview to hear your testimony (i.e. personal story) of how you came to put your personal faith in the Lord Jesus Christ. Following the successful completion of this interview you will be recommended for membership classes and be confirmed after the classes. Official reception will be at the next congregational meeting.**

Note: Our churches Articles of Incorporation and By-Laws make no allowance for membership transfers. Please submit a separate Membership Application form for each individual applying for membership to the church office. A Pastor or Advisor will contact you to arrange a time for a membership interview.

Please return this completed page with your restoration information from the previous page.

Personal Testimony of: \_\_\_\_\_

When and how did you come to know Jesus Christ as your Savior?

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**Office Use Only**

<p>Interview by Senior Pastor ____/____/____</p> <p>Advisor Team Recommendation:</p> <p>Restoration Meeting Decision ____/____/____</p>
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