

**PARENTS AND FRIENDS OF EX-GAYS & GAYS (PFOX)**

**Application to Start a PFOX Local Group**

Send this completed application to:

PFOX, P O Box 510, Reedville VA 22539, phone 804-453-4737, [info@pfox.org](mailto:info@pfox.org)

Please answer all of the following questions and submit a resume, if available:

Nearest city and state of affiliation: \_\_\_\_\_

Designated Group Director:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Please list two references who have known you for at least three (3) years, including your pastor or deacon, if possible:

1) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Group Co-Director (if any):

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Co-Director's references, including a clergy member, if possible--

1) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Group Information:

Meeting Location: \_\_\_\_\_ (home, church, business, etc.)

Meeting Day and Time: \_\_\_\_\_ Frequency: \_\_\_\_\_

If available, separate phone number for referrals to your group: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (PFOX will publish your group's email address and phone number on the PFOX website so you can receive referrals directly.)

If you represent an already existing group, ministry or organization with its own name and status, you may apply as a PFOX ally:

Yes \_\_\_\_\_ (Enclose your group's literature). Group's name: \_\_\_\_\_

Please answer each question:

How did you find out about PFOX?

Why are you interested in starting a local PFOX group?

How can PFOX assist your newly formed group?

What issues concern you? How do you think PFOX can address those issues?

Are you or have you been a member of another ex-gay or gay group or organization? If so, please tell us about it.

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Director's Signature (if any): \_\_\_\_\_ Date: \_\_\_\_\_