



WITHERED HAND MINISTRIES, INC.
1101 Volunteer Parkway, Suite 5-101, Bristol, Tennessee, 37621
(website: www.witheredhandministriesinc.org)
(Email Add: whmrecordings1@gmail.com)

MINISTERS ANNUAL REPORT

PERSONAL INFORMATION AND HISTORY

(Exclusively for OLD MEMBERS only)

Date today: _____

Full Name: _____

(Surname)

(First Name)

(Middle Name)

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Gender: _____

Citizenship: _____

Civil Status: _____

Spouse Name(if married): _____

No. of Children(if any): _____

Languages spoken & written: _____

CURRENT MINISTRY ACTIVITY HISTORY

What are your activities or achievements in the last 6 months or within the year?
(please enumerate below)

Do you have any suggestions and opinions in order for the ministry to be more efficient and progressive in the next few years? Yes ____ No ____ (*if YES, please write below*)

Do you have any complaints regarding our ministry leadership, rules, regulations, policies and guidelines? Yes ____ No ____ (*if YES, please write below*)

Do you have a current Church? Yes ____ No ____ (*if YES, please fill in information needed below*)

Name of the Church: _____

Church Address: _____

Name of Pastor: _____

Contact Number: _____

Are you faithful with your church and attended regularly? Yes ____ No ____

Are you updated with your yearly dues/covering? Yes ____ No ____ (*if NO, please state the reason WHY?*)

In a brief paragraph, please outline your spiritual journey.

Important Reminder:

1. Anybody (ordained/licensed/member) ministers who shall post to social media that will put the ministry or individual in shame or embarrassment, or public exposure, etc., will be brought before the board for disciplinary action.
2. The ministry agreed to have three(3) meetings in every calendar year, as a member, you are required to attend at least one(1) out of three(3)board meetings scheduled by the Board. Failure to comply at least one will subject to review and disciplinary action.
3. Any Minister who ask for financial support from the ministry regarding their activity, will be subject for review and interview based on:
 - a. Current activities not later than six(6) months.
 - b. Proofs of documents or receipts.
 - c. If they honour or paying their yearly dues as Ordained/Licensed/ Member ministers.

CONFIRMATION:

I, _____, of legal age, do hereby confirm that the above information, details and revelation are true, correct and honestly answered to the best of my knowledge and spiritual understanding.

Therefore, I agree to honour my covering and comply with my obligation yearly as stated below: *(Note: Kindly put check mark on the space provided and encircle the amount whether ordain or license)*

	<u>Ordination</u>	<u>License</u>	<u>Confirm check</u>
Within the United States of America	\$75	\$25	_____
Outside the United States/ Abroad	\$35	\$15	_____

(Minister's signature over printed name)

Noted By:

Jerry W. Hulse
Founder & Chairman

Approved By:

Joe S. Vanover
President

Approved By:

Harry D. Saxton
Vice President