

WITHERED HAND MINISTRIES, INC.

1101 Volunteer Parkway, Suite 5-101, Bristol, Tennessee, 37621 (website: www.witheredhandministriesinc.org) (Email Add: <a href="white=whit=white=white=white=white=white=white=white=white=white=white=whit

APLLICATION AND EVALUATION SHEET

(Exclusively for New Candidate/Applicant/Minister)

Greetings in the name of Our Lord, Jesus Christ from WITHERED HAND MINISTRIES, INC. We are encouraged that you have the desire to join with us in representing GOD in the world and being **ORDAINED/LICENSED** ministers of His grace through the Gospel. As we all faithfully serve Him, He will be glorified and His kingdom advanced.

This **APLLICATION** and **EVALUATION** form serves several purposes. It helps you think about and process your understanding of the faith you have before God. While we should be confident and secure in that faith, it's always good to review our beliefs and make sure we are able to give an explanation for our understanding and practice. A few questions also enables **YOU** to have an understanding of where you as a "candidate" or incoming ministers willing to join us are currently in your walk of faith. As a fellowship of believers we have agreed with each other concerning basic core doctrines. It's important for us to have leaders who hold to those same doctrines and will teach them as the truth of God. As we move beyond those core doctrines we allow more latitude in understandings of how to practice our faith on a daily basis. And yet even in these areas we believe there are boundaries. It's important here as well to have leaders who understand these boundaries and are able to work together with us in continuing to faithfully and compassionately develop and establish our expressions of faith.

PERSONAL INFORMATION AND HISTORY

		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:		
MINISTRY INFORMATION A	AND EXPERIENCE HI	STORY
Do you have any Ministry/Volunt (if YES, please s	eer Experience? Yes tate below: from present to po	
Volunteered Work	Ministry/Church	Date Covered
Do you have any training, educati seminars, symposium, etc.) that had if YES, please state below: from prese	ave prepared you for mini	
(Note: Kindly provide/send us a said training like certificates authorized personnel like pastor	copy/proof of documen of attendance or reco	gnition or a letter from
Ministry Training/Education/Experie	, and the second	Date Covered
Do you have a current Church?	Yes No information needed bel	(if YES, please fill in
(Note: Kindly provide/send us faithfulness in the church attend		tor in-charge about your
Name of the Church:		
Church Address:		
Name of Pastor: Contact Number:		
How long have you attended:		

		_ NO	Others(pla	ease specify)
Are you willing to honour y	our yearly d	ues/covering?	Yes	No
In a brief paragraph, please	outline your	spiritual journey	<i>/</i> .	
CONFIDENTIAL INFOR	MATION			
All information will the assigned Screening and and the ministers involved a the constitution. We believe of our application, evaluati secure environment and is questions may not necessar advance for your understand. • Do you have any other are you divorced?	Evaluation and will not be it is necess on and screen mage of the rily prevent gling and cooper issues with	Committee Chabe disclosed it usery to include the ening process in eministry. An you from joining peration.	irman, to punless require following order to swering "g the minimals."	protect the ministry ired by the law and ag questions as part provide a safe and YES" any of this astry. Thank you in
- The you divolecu:				
Are there any circum question to your ability			•	•
Are there any circum	ty to work w	ith us? Yes_ found guilty or	f any crim	No inal offense? (Note:
 Are there any circum question to your ability Have you ever been this does not include mi 	ty to work w	ith us? Yes_ found guilty or	f any crim	No inal offense? (Note.
 Are there any circum question to your ability Have you ever been this does not include min in space below) 	ty to work w convicted or nor traffic vio	found guilty or lations). Yes Conviction which would in	f any crim No	No minal offense? (Note:(if YES, please fill Date Occurred r ability to perform

•	Please State an area in ministry which you would like to SERVE and WHY?
•	What strengths or assets would you bring to working with us?
	RACTER REFERENCE (at least 3 and not a member of the family and include at one outside from the church)
A	. Name of Reference:
	Relationship:
	Contact Number:
	Address:
	Email Address:
В	Name of Reference:
	Relationship:
	Contact Number:
	Address:
	Email Address:
C	Name of Reference:
	Relationship:
	Contact Number:
	Address:
	Email Address:

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 lega	al age, do hereby
confirm that the above information	n, details and		
honestly answered to the best of my k	•	-	•
Therefore, I agree to honour	•	* ·	•
yearly as stated below: (Note: Kindly pamount whether ordain or license)	рит спеск тагк о	n tne space provi	aea ana encircie ine
	Ordination	<u>License</u>	Confirm check
Within the United States of America	\$75	\$25	
Outside the United States Abroad	\$75 \$35	\$2 <i>5</i> \$15	
	7	4-5	
	(ca	ındidate's signature o	ver printed name)
RECOMMENDATION AND APP	ROVAL:		

(Authorized person's signature over printed name)

Ordination, Licensing, Screening Committee Chairman

Signed by: