

Email Address: _____

Date of Birth: _____

Gender: _____

Citizenship: _____

Civil Status: _____

Spouse Name (if married): _____

No. of Children (if any): _____

Languages spoken & written: _____

MINISTRY INFORMATION AND EXPERIENCE HISTORY

Do you have any Ministry/Volunteer Experience? Yes _____ No _____
(if YES, please state below: from present to past)

<u>Volunteered Work</u>	<u>Ministry/Church</u>	<u>Date Covered</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any training, education, or other qualifications that have prepared you for ministry? Yes ____ No ____ *(if YES, please state below: from present to past)*

<u>Ministry Information/ Experience History</u>	<u>Date Covered</u>
_____	_____
_____	_____
_____	_____
_____	_____

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:

How long have you attended:

Do you attend regularly?

Yes _____ No _____ others (please specify) _____

Are you updated with your yearly dues/covering?

Yes _____ No _____

In a brief paragraph, please outline your spiritual journey.

CONFIDENTIAL INFORMATION

All information will be kept **CONFIDENTIAL** by the Ministry Leaders or by the assigned Screening and Evaluation Committee Chairman, to protect the ministry and the ministers involved and will not be disclosed unless required by the law and the constitution. We believe it is necessary to include the following questions as part of our application, evaluation and screening process in order to provide a safe and secure environment and image of the ministry. Answering “YES” any of these questions may not necessarily prevent you from joining the ministry. Thank you in advance for your understanding and cooperation.

Do you have any other issues with other church/ministry? Yes _____ No _____

Are you divorced? Yes _____ No _____ (if YES, please state the reason below)

- Are there any circumstances involving your lifestyle or history that could call question to your ability to work with us? Yes _____ No _____

- Have you ever been convicted or found guilty of any criminal offense? (*Note: this does not include minor traffic violations*). Yes____ No _____(*if YES, please fill in space below*)

<u>Offense</u>	<u>Conviction</u>	<u>Date Occurred</u>
_____	_____	_____
_____	_____	_____

- Do you have any health concerns which would impact your ability to perform any voluntary functions in working with us? Yes____ No _____ (*if YES, what is it? Or what are they*)

<u>Health Issues</u>	<u>Recommendation</u>	<u>Medication</u>
_____	_____	_____
_____	_____	_____ <input type="checkbox"/> 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?

CHARACTER REFERENCE (*at least 3 and not a member of the family and include at least one outside from the church*)

1. Name of Reference: _____

Relationship: _____

Contact Number: _____

Address: _____

Email Address: _____

2. Name of Reference: _____

Relationship: _____

Contact Number: _____

Address: _____

Email Address: _____

3. Name of Reference: _____

Relationship: _____

Contact Number: _____

Address: _____

Email Address: _____

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 honor 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	_____
Notice: Outside the United States/ Abroad:	\$35	\$15	_____

(Important Reminder: 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.)

(Candidate's signature over printed name)

RECOMMENDATION AND APPROVAL:

Signed by:
Ordination, Licensing, Screening Committee Chairman

(Authorized person's signature over printed name)

(Date signed)