



**WITHERED HAND MINISTRIES, INC.  
WITHERED HAND MINISTRIES PHILIPPINES, INC**

1101 Volunteer Parkway, Suite 5-101, Bristol, Tennessee, 37621

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**INTRODUCTION, APPLICATION AND EVALUATION SHEET**

Greetings in the name of Our Lord, Jesus Christ!!

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 **APPLICATION** 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 explain our understanding and practice. A few questions also enable YOU to understand 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 daily. 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 can work together with us in continuing to develop and establish our expressions of faith faithfully and compassionately.

**PERSONAL INFORMATION AND HISTORY**

*Membership Status:* Old \_\_\_\_\_ New \_\_\_\_\_ *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 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 it 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)*

Health Issues

Recommendation

Medication

\_\_\_\_\_

\_\_\_\_\_

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)*