



## WITHERED HAND MINISTRIES, INC.

381 Glenwood Road, Bristol, Tennessee, 37620

(website: [www.witheredhandministriesinc.org](http://www.witheredhandministriesinc.org))

(Email: [witheredhand.org@gmail.com](mailto:witheredhand.org@gmail.com))

"Grace and peace to you in the name of our Lord Jesus Christ.

On behalf of Withered Hand Ministries, Inc., we welcome your interest in joining our mission to represent the heart of God in a broken world. We are honored to walk alongside you as you pursue a licensure & ordination, seeking to steward the grace of the Gospel together for the advancement of His kingdom and the glory of His name."

This application and evaluation process is an opportunity for you to reflect on your calling to represent the Gospel, inspiring a sense of purpose and responsibility in your ministry journey.

This form invites you to articulate your understanding of the faith, ensuring that your practice is firmly grounded in biblical truth. Furthermore, this process allows our leadership to discern whether there is alignment with our core doctrinal commitments. While we embrace diversity in how we apply faith in daily life, we require our leaders to be unified on the essential doctrines that define our fellowship. By engaging in this evaluation, you are participating in a tradition of accountability that protects the integrity of the Gospel and fosters a culture of mutual growth and transparency."

### Personal Information

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

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

Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Spouse Name (if married): \_\_\_\_\_

No. of Children (if any): \_\_\_\_\_

## Current & Past Ministry Activities

Do you have any Ministry/Volunteer Experience?  
 (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 (like Bible training, seminars, symposiums, etc.) that have prepared you for ministry? Yes, \_\_\_\_ No, \_\_\_\_

(Note: Kindly provide/send us a copy/proof of documents that you completed the said training, like certificates of attendance, recognition, or a letter from authorized personnel, like a pastor or mentor, undersigned on it.)

<u>Ministry Training/Education/Experience History</u>	<u>Date Covered</u>

Do you have a current Church? Yes, \_\_\_\_ No, \_\_\_\_  
 (If YES, please fill in the information needed below)

(Note: Kindly provide/send us a letter from your pastor in charge about your faithfulness in church attendance and in tithing.)

Name of the Church: \_\_\_\_\_

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

Name of Pastor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

How long have you attended: \_\_\_\_\_

Do you attend regularly? Yes, \_\_\_\_ No \_\_\_\_

Are you willing to honor your yearly dues/coverage? Yes, \_\_\_\_ No \_\_\_\_

“Please Describe Your Spiritual Journey.”

---

---

---

---

Confidential Information

Reiterate that all information provided will be kept strictly confidential by the Ministry Leaders and Evaluation Committee to protect your privacy and the ministry's integrity. We are committed to maintaining a safe and positive environment, and your honest responses help us uphold this standard, making you feel valued and protected.

Please know that we are a restoration ministry, and answering “YES” to 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 churches/ministries? 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 into question 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 that 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>Medication</u>
_____	_____
_____	_____

Please state an area of ministry you would like to serve and explain why.

---

---

?

What strengths or assets would you bring to working with us?

---

---

### Character References

Please list at least one outside of the church.

Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

\_\_\_\_\_

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

Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

\_\_\_\_\_

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

Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

\_\_\_\_\_

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

## Important Reminder

Any ordained/licensed/member ministers who post on social media content that will put the ministry or an individual in shame or embarrassment, or lead to public exposure, etc., will be brought before the board for disciplinary action.

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 with at least one will be subject to review and disciplinary action.

Please Note: Any member or Minister who asks for financial support from the ministry will be subject to review and interview based on:

- A. Current ministry activities not later than six (6) months.
- B. Proofs of documents or receipts.
- C. If they have honored or paid their yearly dues.

## 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. I also agree to honor my covering and comply with my obligation to pay my yearly dues.

**Ordination**    **\$100.00**    \_\_\_\_\_  
**License**        **\$ 35.00**    \_\_\_\_\_

\_\_\_\_\_  
(candidate's signature over printed name)

## Recommendation & Approval

---

---

---

---

Signed by:  
Ordination, Licensing, Screening Committee Chairman

\_\_\_\_\_  
Person's signature over printed name

\_\_\_\_\_  
Date signed