

NEW LIFE DELIVERANCE WORSHIP CENTER

SCHOOL OF MINISTRY

Post Office Box 8344, Spartanburg, South Carolina 29305

PHONE: 864-285-1745 – FAX: 864-327-9215

APPLICATION FOR PERSONAL MINISTERIAL CREDENTIALS

Type or print all information in a legible manner, Thank you!

Check type of credential you are applying for: > CERTIFICATE DEGREE ORDINATION

PERSONAL PROFILE

Your full name: _____ Date: ____/____/____

Home address: _____ City _____ St _____ Zip _____

Telephone: Home (____) _____ Wk (____) _____ Cell (____) _____

Email: _____ @ _____ Website: _____

Date of Birth: ____/____/____ Male Female

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widow/Widower

Are you a citizen of the United States? ___ Yes ___ No

Country of Birth: You _____ Spouse _____

Have you ever been charged with: Sexual Harassment or Child Molestation ___ Yes ___ No

Have you ever been convicted of: Sexual Harassment or Child Molestation ___ Yes ___ No

Do you use tobacco in any form? ___ Yes ___ No

Do you drink any type of alcoholic beverages? ___ Yes ___ No If yes, what? _____

SPIRITUAL

Are you a "Born Again" Christian? Yes No Not Sure

In what year were you saved? _____

Have you been water baptized by immersion? Yes No

Do you believe the Gifts of the Spirit are operational today? Yes No Not Sure

What is your primary ministerial calling: Check one only

___ Pastor ___ Associate Pastor ___ Evangelist ___ Teacher ___ Lay Minister ___ Missionary

___ Music Ministry ___ Chaplain ___ Other _____

Are you in full time ministry? Yes No

How much time do you devote to ministry each week? _____

How are you financially supported? _____

CHURCH INFORMATION

Do you attend church on a regular and consistent basis? Yes No Sometimes

Name of your home church: _____ Pastor _____

Address _____ City _____ St _____ Zip _____

Telephone: (____) _____ Email: _____

Web site: _____ Your position _____

MINISTERIAL INFORMATION

Have you ever been credentialed with any organization or church? Yes No

Are you currently credentialed with any church or organization? Yes No

Have you been ordained by the laying on or imposition of hands? Yes No

Have you read our Statement of Faith and do you agree with it? Yes No

Check all areas where you have had experience: Pastoring Evangelism

Teacher Youth Ministry Music Ministry Lay Ministry Missionary Outreach

EDUCATION

Highest grade level you reached: High School _____ College _____ Seminary _____

Degrees or Diplomas you have earned: _____

RECOMMENDATIONS

Give ministerial recommendation: _____ Phone _____

Relationship of recommending party: _____

On my oath as a Christian Minister I hereby declare that all information given hereon is true to the best of my knowledge. Please find enclosed my membership information and a recent photograph of myself.

Signature _____

OFFICE USE ONLY –

Date App Rec'd ____/____/____ Date approved ____/____/____ Cert sent ____/____/____