



# COVENANT LIFE MINISTERIAL ORGANIZATION

## APPLICATION COVER SHEET

Date: \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

Birthdate \_\_\_\_\_

I WOULD LIKE TO BE CONSIDERED FOR:

- CHRISTIAN WORKER'S PAPERS
- LICENSING
- ORDINATION

COVENANT LIFE MINISTERIAL ORGANIZATION  
6865 SHINGLE CREEK PARKWAY  
BROOKLYN CENTER, MN 55430  
TELEPHONE: 763-560-8628  
FAX: 763-560-7221  
Email: [clmo@slcgrace.com](mailto:clmo@slcgrace.com)

**APPLICATION FOR LICENSE IN THE MINISTRY**

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

MARITAL STATUS (check) Single Married Widowed Separated Divorced Remarried

**NOTE: IF YOU ARE SEPARATED, DIVORCED OR REMARRIED, PLEASE BRIEFLY EXPLAIN THE CIRCUMSTANCES ON A SEPARATE SHEET OF PAPER.**

**FILL OUT FOLLOWING SECTION AS IT APPLIES TO YOU:**

NAME OF SPOUSE \_\_\_\_\_ WEDDING ANNIVERSARY DATE \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

CHILDREN'S NAMES AND AGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU EMPLOYED? Yes No PLACE OF EMPLOYMENT \_\_\_\_\_  
HOW LONG HAVE YOU BEEN EMPLOYED THERE? \_\_\_\_\_  
\_\_\_\_\_

IF LESS THAN 2 YEARS, WHERE DID YOU WORK BEFORE? \_\_\_\_\_  
\_\_\_\_\_

**NOTE: AS YOU ANSWER THE FOLLOWING QUESTIONS, IF YOU NEED MORE ROOM TO PROVIDE AN ANSWER, FEEL FREE TO USE A BLANK SHEET OF PAPER. BE SURE TO PUT THE QUESTION NUMBER NEXT TO THE APPROPRIATE ANSWER.**

**NOTE: WE WILL REQUIRE A WRITTEN RECOMMENDATION FROM YOUR PASTOR.**

1. WHAT CHURCH ARE YOU CURRENTLY ATTENDING? \_\_\_\_\_
2. HOW LONG HAVE YOU ATTENDED THAT CHURCH? \_\_\_\_\_
3. LIST YOUR PASTOR'S NAME AND TELEPHONE # \_\_\_\_\_
4. WHERE DID YOU ATTEND CHURCH BEFORE? \_\_\_\_\_
5. WHAT WAS YOUR REASON FOR LEAVING YOUR FORMER CHURCH? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. HOW HAVE YOU PARTICIPATED IN YOUR CHURCH ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. HOW DO YOU BELIEVE GOD WOULD HAVE YOU FURTHER PARTICPATE IN YOUR CHURCH?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. WHEN AND WHERE WERE YOU SAVED? \_\_\_\_\_  
\_\_\_\_\_

9. HAVE YOU EVER BEEN WATER BAPTIZED?  Yes  No WHEN? \_\_\_\_\_

10. HAVE YOU EVER BEEN BAPTIZED IN THE HOLY SPIRIT?  Yes  No WHEN? \_\_\_\_\_  
\_\_\_\_\_

11. HAVE YOU EVER BEEN ON A FOREIGN MISSIONS TRIP?  Yes  No WHERE DID YOU GO AND WHAT WAS YOUR FUNCTION ON THAT TRIP? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. WHAT IS YOUR EXPERIENCE WITH SPEAKING, PREACHING OR TEACHING? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. ARE YOU INVOLVED IN SOME TYPE OF REGULAR MINISTRY? WHAT IS IT AND HOW MANY TIMES A MONTH DO YOU MINISTER? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. WHAT GIFTS OF THE SPIRIT DO YOU FIND OPERATING IN YOUR LIFE? \_\_\_\_\_  
\_\_\_\_\_

15. WHICH GIFTS DO YOU SELDOM SEE OPERATING IN YOUR LIFE? \_\_\_\_\_  
\_\_\_\_\_

16. WHICH GIFTS NEED MORE DEVELOPMENT IN ORDER TO OPERATE FULLY IN YOUR LIFE? \_\_\_\_\_  
\_\_\_\_\_

17. DO YOU FEEL COMFORTABLE LEADING SOMEONE TO THE LORD IN THE SALVATION EXPERIENCE?  Yes  No EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. ARE YOU INVOLVED IN CONTINUAL AND CONSISTANT SOUL-WINNING MEASURES?  Yes  No

19. DO YOU LOOK FOR OPPORTUNITIES TO SHARE YOUR FAITH WITH OTHERS?  Yes  No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. DO YOU FEEL COMFORTABLE PRAYING SOMEONE THROUGH TO THE BAPTISM OF THE HOLY SPIRIT?  Yes  No WOULD YOU RATHER WORK AS A TEAM?  Yes  No PLEASE EXPLAIN. \_\_\_\_\_

21. DO YOU FEEL COMFORTABLE PRAYING WITH SOMEONE FOR DELIVERANCE ON YOUR OWN OR DO YOU PREFER TO BE ON A DELIVERANCE TEAM? PLEASE EXPLAIN. \_\_\_\_\_

22. DO YOU FEEL THAT YOU ARE CALLED INTO THE 5-FOLD MINISTRY?  Yes  No TO WHICH OFFICE/OFFICES? \_\_\_\_\_

23. CAN YOU GIVE THE EXACT TIME AND PLACE THAT YOU WERE CALLED INTO THE MINISTRY?  Yes  No EXPLAIN \_\_\_\_\_

24. DO YOU HAVE CREDENTIALS WITH ANOTHER ORGANIZATION?  Yes  No IF SO, WHAT ORGANIZATION \_\_\_\_\_ PLEASE EXPLAIN WHY YOU WANT TO MAKE A CHANGE. \_\_\_\_\_

25. WHY DO YOU FEEL THAT IT IS NECESSARY TO BE A MEMBER OF A MINISTERIAL ORGANIZATION? \_\_\_\_\_

26. WHY DID YOU CHOOSE COVENANT LIFE? \_\_\_\_\_

27. STATE AS SUCCINCTLY AS POSSIBLE YOUR VISION/MISSION/PURPOSE STATEMENT: \_\_\_\_\_

28. IF ACCEPTED BY CLMO, WHAT DO YOU SEE AS YOUR COVENANT RELATIONSHIP WITH THIS MINISTERIAL ORGANIZATION? \_\_\_\_\_

29. IS YOUR SPOUSE/FAMILY SAVED? Yes No IS YOUR IMMEDIATE FAMILY SAVED? Yes No  
 WHAT PERCENTAGE OF YOUR EXTENDED FAMILY IS SAVED? \_\_\_\_\_

30. IS YOUR SPOUSE/FAMILY IN AGREEMENT WITH YOUR CALLING? Yes No WHY OR WHY NOT?  
 \_\_\_\_\_  
 \_\_\_\_\_

31. IS YOUR IMMEDIATE FAMILY IN AGREEMENT WITH YOUR CALLING? Yes No WHY OR WHY NOT?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

32. WHAT ARE YOUR LONG-TERM GOALS AND VISION FOR THE MINISTRY OF YOUR CALLING?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

33. HOW DO YOU PLAN TO IMPLEMENT THESE GOALS AND VISION? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

34. HOW DO YOU EXPECT TO SUPPORT YOUR MINISTRY? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**35. PLEASE LIST ANY SCHOOLS, DATES ATTENDED AND DEGREES EARNED:**

Name and Location of School	Graduated?	Yrs. Completed				Degree(s)
		1	2	3	4	
A) High School _____ CITY STATE	Yes No					_____
B) College or Bible School _____ CITY STATE	Yes No					_____
C) Graduate School _____ CITY STATE	Yes No					_____

ANY OTHER INFORMATION YOU WOULD LIKE TO GIVE US ABOUT YOUR TRAINING:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D) Seminary \_\_\_\_\_ Yes 1 2 3 4 \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_  
CITY STATE

E) Seminars, \_\_\_\_\_ Yes \_\_\_\_\_  
Workshops \_\_\_\_\_ No \_\_\_\_\_  
Attended \_\_\_\_\_ Yes \_\_\_\_\_  
CITY STATE \_\_\_\_\_ No \_\_\_\_\_  
CITY STATE \_\_\_\_\_

36. HAVE YOU READ THE COVENANT LIFE MINISTERIAL ORGANIZATION STATEMENT OF FAITH?  
Yes No ARE YOU IN AGREEMENT WITH IT? \_\_\_\_\_ IF NO, PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No IF SO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. HAVE YOU EVER BEEN CHARGED WITH ABUSE OF ANY KIND? Yes No IF SO, PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP AGREEMENT**

IF YOU ARE IN AGREEMENT WITH THE STATEMENT OF FAITH AND DESIRE TO BE A MEMBER OF CLMO, UNDERSTANDING AND AFFIRMING YOUR OBLIGATIONS AS A MEMBER, PLEASE PRINT AND SIGN YOUR NAME AND DATE YOUR APPLICATION.

BY SIGNING THIS DOCUMENT YOU ARE AFFIRMING THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE, TO THE BEST OF YOUR KNOWLEDGE.

NAME (PRINTED) \_\_\_\_\_

NAME (SIGNED) \_\_\_\_\_

DATE \_\_\_\_\_

Email address \_\_\_\_\_