

APPLICATION COVER SHEET

	Dat	.е			
NAME	(Last)	(First)	(Middle	Initial)	
ADDRESS_					
CITY			STATE	ZIP	
PHONE: (H	IOME)		(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

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 SPOUSEWEDDING ANNIVERSARY DATE	NA	AME					
FILL OUT FOLLOWING SECTION AS IT APPLIES TO YOU: NAME OF SPOUSE	MA	(Last) ARITAL STATUS (check) Sing	gle Married	(First) Widowed	Separated	(Middl Divorced	e Initial) Remarried
NAME OF SPOUSE	N(CI	OTE: IF YOU ARE SEPARATED RCUMSTANCES ON A SEPARA	, DIVORCED C	OR REMARRIE PAPER.	D, PLEASE B	RIEFLY EXPL	AIN THE
BIRTHDAY:	FI	LL OUT FOLLOWING SECTION	AS IT APPLIE	ES TO YOU:			
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?	N/	AME OF SPOUSE	W	EDDING ANN	IVERSARY DAT	E	
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7. HOW DO YOU BELIEVE GOD WOULD HAVE YOU FURTHER PARTICPATE IN YOUR CHURCH?	6.	. HOW HAVE YOU PARTICIPAT	ED IN YOUR C	HURCH ?			
	7.	. HOW DO YOU BELIEVE GOD	WOULD HAVE	YOU FURTHE	R PARTICPATI	E IN YOUR CH	HURCH?
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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? \square Yes \square 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 SPIRT? 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?

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 12 3 4 A) High School Yes	40	AVED? Yes N	DIATE FAMILY S	OUR IMMEDIA VED?	No IS YO	'ED? Yes TENDED FA	ILY SAV OUR EX	USE/FAM AGE OF Y	29. IS YOUR SPO WHAT PERCENTA
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				Yes		·			A) High School _
CITY STATE No 1 2 3 4			1 2 3 4	No		STATE		CITY	
B) College or Yes Bible School No						CT ATE		CITY	B) College or Bible School
CITY STATE C) Graduate Yes 1 2 3 4			1234	Yes					,
School NoNo		· .		No		STATE		CITY	School -
ANY OTHER INFORMATION YOU WOULD LIKE TO GIVE US ABOUT YOUR TRAINING:		G:	YOUR TRAINING	JS ABOUT YO	TO GIVE U	Would like	N YOU V	ORMATIO	ANY OTHER INFO

D) Seminary _			Yes	1234	
_	CITY	STATE	No		
		JIAIL	Yes		ş - 1
Workshops Attended	CITY	STATE	_ No		
_			Yes		
_	CITY	STATE	_ No		
			STERIAL ORGANIZA		EXPLAIN.
37. HAVE YOU	EVER BEEN CO	NVICTED OF A FE	LONY? Yes No	IF SO, PLEA	SE EXPLAIN
38. HAVE YOU	EVER BEEN CH.	ARGED WITH ABL	JSE OF ANY KIND?	Yes No I	F SO, PLEASE EXPLAIN.
OF CLMO, UNI	I AGREEMENT DERSTANDING	AND AFFIRMING	TEMENT OF FAITH G YOUR OBLIGAT OUR APPLICATION	TONS AS A N	RE TO BE A MEMBER MEMBER, PLEASE
BY SIGNING T THIS APPLICA	HIS DOCUMEN TION IS TRUE,	T YOU ARE AFF TO THE BEST (IRMING THAT ALI DF YOUR KNOWLI	L INFORMAT EDGE.	TON INCLUDED IN
NAME (PRINTE	ED)				
NAME (SIGNED	D)				DATE
Email address	j				