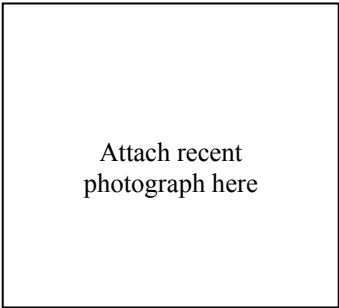




Provident Network
Box 2438
South Bend, IN 46680



Your name _____
Address _____
City, State Zip _____
Phone (____) _____ Email _____

Marital status: Single Married Divorced Remarried
If divorced or remarried, please give a brief explanation.

Applying for:
 Membership Christian Worker License Ordination

Name of your church or ministry _____
Address _____
City, State Zip _____
Phone (____) _____ Email _____

How long have you served in this particular ministry? _____ years
Briefly describe your role of responsibility in this ministry:

Please estimate the number of times you have preached or served in other ministerial functions in the past twelve months? _____

If less than twenty-five, please explain: _____

When were you called into the ministry? _____

Briefly describe your call into ministry: _____

What other positions of ministry and Christian service have you held?

List any ministerial credentials which you have held or presently hold:

Have you ever been disciplined by a ministerial body? Yes No

If so, please explain: _____

Give a brief testimony of your Christian life: _____

List four people to whom your ministry is directly accountable:

Spiritual accountability:

Name _____

Address _____

City, State Zip _____

Phone (____) _____ Email _____

Family relationship accountability:

Name _____

Address _____

City, State Zip _____

Phone (____) _____ Email _____

Financial and business accountability:

Name _____

Address _____

City, State Zip _____

Phone (____) _____ Email _____

Ministerial accountability:

Name _____

Address _____

City, State Zip _____

Phone (____) _____ Email _____

I do hereby covenant myself with Provident Network for spiritual support and guidance, personal counseling, accountability, and discipline. I declare all information given in response to the above questions to be true to the best of my knowledge.

_____ Signed

_____ Date

For office use only	
Reviewed by _____	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Reconsideration <input type="checkbox"/> Rejected <input type="checkbox"/> Member <input type="checkbox"/> Christian Worker <input type="checkbox"/> License <input type="checkbox"/> Ordained	
Other Action _____	