

ORDINATION PROGRAM

APPLICATION

Date _____

I would like to be ordained as a(n) _____

APPLICANT INFORMATION

First Name	Last Name	Date of birth
Phone (home)	Phone (work)	Phone (cell)
Address		
City	State	Zip Code
E-mail Address		

SPOUSE INFORMATION

First Name	Last Name
Phone (home)	Phone (work) Phone (cell)

MINISTRY INFORMATION

Name of Home Church
Church Address
Phone Number
Senior Pastor/Overseeing Apostle
Current Ministry Activities

REFERENCES

Name	Relationship
Address	
Phone	
Name	Relationship
Address	
Phone	
Name:	Relationship
Address	
Phone	

SPIRITUAL LIFE

How long have you been saved? Explain your understanding of salvation.

Do you have people in your life, other than your spouse, to whom you feel **spiritually** accountable? If so, please describe in detail the nature of the relationship(s).

MINISTRY

Why do you feel you are called to be a leader in the Body of Christ?

Why do you feel you are called to the office of _____ ?

Give specific details of your current ministry activities.

Do you have a vision for your ministry after you are ordained? Describe.

Describe your relationship with your local church.

Have you ever been disciplined by a local church (elders, church leaders, pastor) for any reason? If so, explain.

Have you ever separated from a ministry leaving unresolved issues? Have you ever left a ministry with which you are not on "good terms"? If so, explain.

FAMILY

(If married) What is your spouse's attitude toward your ministry?

What areas of your family life do you feel need improvement (e.g., relationship with spouse, finances, children or anything else).

Overall, do you think your home life is in order based on the requirements for leaders as described in I Timothy 3 and Titus 1?

ACCOUNTABILITY

Are you a tither?

Are there any areas in your physical or emotional life where you're feeling, at times, out of control (i.e., addictive behaviors of any kind such as drugs, alcohol, pornography, etc.) or dysfunctional relationships?

Have you received personal counseling in the past? If so, for what reason? Would you be willing to receive counseling for healing and deliverance if it were recommended?

Have you ever been arrested for a crime? If so, explain.

Have you ever been divorced or separated? If so, explain.

Have you ever filed for bankruptcy? If so, explain.

PLEASE ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED

OTHER

Describe your greatest personal strengths.

Describe your greatest personal weaknesses.

SIGNATURE

I authorize the verification of the information provided on this form.

Signature:

Date:

All information submitted will be kept in the strictest confidence and used only as necessary to determine the acceptance of the applicant to the GCN, U.S.A. Ordination Program.

Return Application and Program Fee To:
Ordination Program
Global Change Network, U.S.A.
10682 E. Iliff Avenue
Aurora, CO 80014