

FAITH COVENANT MINISTRIES
24 WHALEN AVENUE
SICKLERVILLE, NEW JERSEY 08081
PHONE: (609) 209-3051 E-MAIL: FCMAMJMSM@CS.COM

ORDINATION APPLICATION

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Birthdate _____
Single _____ Married _____ Divorced _____ Remarried _____ Widowed _____
Number of Dependents _____ When were you born again? _____
When were you filled with the Holy Spirit? (Acts 2:4) _____

PREVIOUS MINISTERIAL EXPERIENCE:

Have you been Licensed or Ordained through another organization? _____ Yes _____ No
With whom? _____ Date _____

EDUCATION: (include Bible schools, trade schools or correspondence schools)

EMPLOYMENT HISTORY:

(continued on next page)

PRESENT FIELD OF MINISTRY:

____ Pastor ____ Evangelist ____ Teacher
____ Assistant Pastor ____ Missionary ____ Chaplain
____ Youth Pastor ____ Helps (describe) ____ Other (describe)

ACTIVITY: ____ Full ____ Part time ____ Inactive ____ Retired

1. Are you committed to a local church? ____ Yes ____ No

To what level? ____ Deeply ____ Moderately ____ Little

2. Your Pastor's name _____

Church _____ Phone _____

Address _____

City _____ State _____ Zip _____

3. Please describe the call of God on your life _____

4. List three ministers or church members who are familiar with your life and ministry. Include at least one pastor:

Name

Phone

a. _____

b. _____

c. _____

Applicant's signature

Date

Please complete and return with the application fee of \$83.00 for a single application; \$102.00 for a couple if attending an FCM church or \$125.00 per single and \$155.00 per couple for non-FCM members.