

~~ **NEW MINISTERS APPLICATION** ~~



WORLD BIBLE WAY FELLOWSHIP, INC.
P O BOX 506 – Ben Franklin, TX 75415 -- 972.259.1231
WBWF@worldbibleway.com – www.worldbibleway.com

PLEASE COMPLETE IN FULL
\$150 FEE MUST ACCOMPANY THE APPLICATION
(can be paid online via the website above under 'GIVE' tab or by mailing in a check/MO)

Please see 'New Minister Application Process' document for detailed information regarding requirements to apply for credentials. Those desiring affiliation with WBWF must submit all required documents, a current picture, and 2 letters of recommendation from ordained ministers (preferably ministers with the WBWF affiliation) for processing. If credentials are granted, they will be mailed directly to the applicant.

GENERAL INFORMATION-----

LName _____ FName _____ Date _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone _____ Email _____

DOB _____ Age _____ Gender _____

Credential desired with this application (circle one) License / Ordination

Are you a US Citizen? Yes / No If no, which country do you hold citizenship? _____

Marital Status (circle one) Single / Engaged / Married / Widow / Widower / Separated / *Divorced / *Remarried

*If divorced and/or remarried, please explain circumstances on a separate sheet of paper and submit with this application.

Have you ever been convicted of a felony? Yes / No If yes, please explain on a separate sheet of paper.

Race/Ethnicity (circle one) American Indian/Alaskan Native / Asian / Black or African American / Caucasian

EDUCATION-----

Circle the highest level attained: 1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical

College 1 2 3 4 Degree: Associate Bachelor Masters Doctorate

Bible College or Seminary 1 2 3 4 Masters Doctorate

Are you currently enrolled in Bible College/Seminary? If so, where? _____

THE WORLD BIBLE WAY FELLOWSHIP, INC. OFFERS-----

- 1) License: Those, who by experience, have demonstrated their divine call, and who have a proven ministry, may apply for license.
- 2) Ordination: Those, who by experience, have demonstrated their divine call, who have a proven ministry, and are actively engaged in a full-time ministry, may, two (2) years from the date of receipt of their license, apply for ordination. Those who are ordained and in good standing with another ministerial association or church organization, may, after meeting the requirements, be accepted as an ordained minister in this fellowship.

MINISTERIAL AND PERSONAL INFORMATION-----

Designate activities in which you have been or are currently involved: C=Current / F=Former

C / F	C / F	C / F	C / F
Pastor	Christ School Admin	Teaching Ministry	Motorcycle Ministry
Assoc/Asst Pastor	Christ School Staff	Church Pioneer	Chaplain
Youth Pastor	Funerals/weddings	Church Planting	Bible Study Leader
Children Pastor	Evangelist	Teaching Seminars	Radio/TV
Music Minister	Street Ministry	Visitation Ministry	Formed NP Corp
Church Administration	Prison Ministry	Christian Writing	Other (specify)
Christian Education	Hospital Ministry	Christian Publishing	
Missionary Work	Nursing Home	Women's Ministry	

Describe your current ministry or area of service:

Are you involved in full time or part time ministry? (circle one) F/T P/T

If currently pastoring, please provide the following regarding the church you serve:

Name _____ Subordinate of WBWF? Yes / No

Address _____

City _____ State _____ Zip _____

Phone# _____ Website _____

- 1) Please describe your church: attendance, building size, property, spiritual condition, etc.

- 2) Are you presently a member of another denomination or fellowship? Yes / No
- 3) If yes, please provide name of denomination or fellowship _____
- 4) Are you currently using, in any form any of the following? Alcohol Y/N -- Tobacco Y/N -- Drugs/Narcotics Y/N
- 5) Do you agree that your personal life should reflect clean, Christian character and that you will endeavor to maintain that status? Y/N
- 6) Will you maintain regular communication with the home office concerning your ministry, change of address, ministerial status, etc.? Y/N
- 7) Will you cheerfully assume the responsibility to faithfully support the WBWF with a portion of your tithes and offerings? Y / N
- 8) How did you learn of the WBWF? _____
- 9) Have you read the WBWF Statement of Facts ? Y / N

RECOMMENDING MINISTER CONTACT INFORMATION -----

Name _____ Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Name _____ Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Name _____ Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

APPLICANTS AFFIRMATION -----

I have read and accept the doctrinal statement of faith of the World Bible Way Fellowship, Inc. If accepted, I will endeavor to maintain the highest Christian standard of conduct to not bring shame or reproach to either the Lord Jesus Christ or the WBWF.

I understand that membership in the WBWF does not make me an employee, agent, or legal representative of the fellowship. World Bible Way Fellowship, Inc. is not responsible for the actions, debts, etc. of any of its members.

Because I believe in the WBWF and am honored to be a part of it, I make a FAITH PROMISE to support it financially on a regular basis.

Signed this _____ day of _____ 20 ____ Signature _____