



OFFICERS

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THE LIVING WORD OF FAITH FELLOWSHIP, INC.

NEW MINISTER APPLICATION

APPLICANT:

The Fellowship Board must have the following information before your application will be reviewed. Use the back of this questionnaire for your answers if needed. Please print clearly or type.

1. If you are now credentialed, or were credentialed in the past with any Organization(s), put in writing the reason you are requesting to be credentialed with the Fellowship, and the reason you are leaving, if any, the current Organization. Are you in good standing with current Organization?
2. If you are credentialed with any Organization(s), attach a copy of your certificate(s) of credentials for each Organization, and up to date verification on the current, or latest one. What credentials are you currently holding (Exhorter or Worker, License, or Ordination)?
3. Give a brief description of your ministry and "Calling".
4. Do you have a Home Church? Have your Pastor sign on the back of this questionnaire. Give Pastor's name, phone number and church name.
5. Have a Fellowship Board Member (or Fellowship Minister) sign this questionnaire. If you do not know a Fellowship Board Member or Minister, give the name(s) and phone numbers of references to contact.
6. Would you be willing to pastor a Church? Would moving be a burden to you or your family? May the Board contact you for a pastor try-out?

Read the "Handbook for Churches and Ministers" included with the application. Pray for God's guidance in your decision.

Be sure to answer ALL questions, putting your answers on the back of this questionnaire. Attach the requested information, and return the application and processing fee of \$50.00 to the address above.

Keep the Handbook for reference.

**MINISTERIAL APPLICATION
THE LIVING WORD OF FAITH FELLOWSHIP, INC.**

This application is given to those wanting to be protected under the Fellowship Charter. Not being bound by theories and ideas of man; understanding it is not for anyone to profit from; it is to please God and to further the Gospel for the benefit of the Kingdom of God. Each applicant SHALL answer all questions truthfully and sincerely before God and man. (Please print clearly or type).

	M	F
LAST NAME	FIRST	MIDDLE
Mailing Street Address or P.O. Box	City	State
		Zip
Date of Birth	Social Security #	Area Code/Phone Number
Spouses Name (if applicable) _____		

PASTORS, CO-PASTORS, ASSISTANTS OR ASSOCIATE PASTORS

Name of Church and Phone # you are NOW Pastor, Co-Pastor, Assistant, or Associate of.

Address	City	State	Zip
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Check which of the following apply to you currently:

POSITION: Pastor _____ **Assoc. Pastor** _____ **Youth** _____

Full Time Evangelist _____ **Part Time Evangelist** _____

Worker _____ **If Worker , please Explain:** _____

(Worker: Hospital or nursing home, jail, or Sunday School)

Credential applying for? Exhorter/Worker _____ **License** _____ **Ordination** _____

Please Note: Those who hold Exhorter (first time minister) credentials and would like to be considered for License, MUST hold credentials with the Fellowship for at least **ONE Full Year**, and **must take the Three required Bible courses from the LWOFF office.**

I am now taking: Bible Course #1 _____ #2 _____ #3 _____

I have completed: Bible Course #1 _____ #2 _____ #3 _____

(The Courses are not required for Workers, but may be taken if desired)

Credential previously held: NONE _____ **Exhorter/Worker** _____ **Date Issued** _____

License _____ **Date Issued** _____ **Ordination** _____ **Date Issued** _____

Give Name(s) and City/State below of Organization(s) you have been credentialed with, beginning with current Organization. **ATTACH A COPY** of your License or Ordination credential(s) to this application. (Use additional paper if needed.)

1. _____
Name _____ City _____ State _____ Zip _____
2. _____
Name _____ City _____ State _____ Zip _____

Questionnaire

If you need additional space for your answers, please use back of this page.

Born Again _____ How Long _____ Holy Ghost Baptized _____ How long _____
yes/no years yes/no years

Do you KNOW God has CALLED you to minister His Word? YES NO

How long have you been preaching? _____ Would you Pastor a Church? YES NO
Years

Have you read the Fellowship Handbook for Churches and Ministers? YES NO
If no, Why?

Are you bound by, or are you a partaker of any of the following filthy habits? Alcohol Yes No

Tobacco Yes No Drugs (illegal-habit forming) Yes No

Do you accept the Church Ordinances of Sacrament, Feet Washing, etc? Yes No Do you believe in Water Baptism? Yes No Have you been Water Baptized? Yes No

Do you believe TITHING to be the system chosen by God for financing the "WORK OF THE MINISTRY"? Yes No

The Fellowship requests you give 50% (one half) of your tithes for the financial support of the Fellowship. If you find at any time you do not have a ministry income, the Fellowship requests you send financial contributions (love offerings) from time to time. This request is made in compliance with Articles 11 and 25 of the Fellowship Bylaws.

Do you agree to comply with this request? Yes No

Do you agree to abide by the Fellowship Bylaws and Policies, and will you be faithful in supporting the Fellowship Programs? Yes No

Do you believe and accept the Articles of Faith? (Resolutions 1-7 of Fellowship Bylaws) Yes No

Do you accept the decision of the Fellowship Board for your qualifications and acceptance? Yes No

Give names(s) of Reference Person(s) _____

Address _____ Organization _____
(see # 5 of questionnaire)

Signatures

Home Church Pastor

Signature _____ Date _____

Church Name _____

Board Member or Fellowship Minister

Signature of _____ Date _____

Have the person recommending you for credentials with the Fellowship sign below.

Signature _____ Phone _____ Date _____

BY PLACING MY SIGNATURE BELOW, I DO HEREBY AGREE to abide by the Bylaws and Policies of the Fellowship, and do hereby AGREE to support its Programs, in Fellowship, in Worship, and in Finances. I ALSO AGREE **NOT** to hold credentials with any other Organization while holding credentials with the Fellowship.

Name of Applicant (Please Print or Type) _____

Signature _____ Date _____

Please answer ALL questions and return the packet and fee of **\$50.00** to:

The Living Word of Faith Fellowship, Inc.

3515 T Street

or

P.O. Box 35308

Panama City, FL 32404

Panama City, FL 32412

Phone # (850) 747-7041

Fax # (850) 747-7043

Toll Free Number (877) 278-0054

E-Mail: livingwo@bellsouth.net

Website: www.LWOFF.org

Fed ID #: 59-6205643

Fee Explanation: License Certificate, Handbook/Magazine Mailing, Lamination **\$50.00**

APPROVED BY BOARD:

Check or M.O. # _____

Rev. E. H. Haddock, Chairman

Date Approved: _____

Rev. T. P. Martin, Vice-Chairman

Date Certificate Mailed: _____

Rev. Donnie Jackson, Secretary/Treasurer