



CHRISTIAN WORKER APPLICATION

6000 Custer Rd Building 3

Plano, TX 75023-5100

972-517-3900

www.worldministry.com

wmf@worldministry.com

ALL APPLICANTS PLEASE PRINT OR TYPE THE INFORMATION BELOW

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Office: (____) _____ Cell: (____) _____

E-Mail Address: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____ Social Security Number: _____

Marital Status: Single Married Divorced Widowed

(If you are divorced or remarried to a divorcee, attach a letter with explanation of details.)

Spouse's name: _____ Number of Children: _____

Are you secularly employed? _____ If yes, position held: _____

Name & Address of Employer: _____

Have you served in the Armed Forces? _____ If other than an honorable discharge, explain on separate page.

Have you ever been convicted of a felony? _____ If yes, explain on separate page.

What is the highest level of education attained? Elementary High School College Post college

Give a statement of your faith: _____

Date of Salvation _____ Are you Baptized in the Holy Spirit with the evidence of speaking in tongues? _____

What area of ministry do you feel God has called you? _____ (Attach details about your calling on a separate page.)

Present ministry responsibilities: _____

Name of present ministry denomination or organization affiliation: _____

Address _____

Name & address of your home church: _____

What is your pastor's name & address? _____

Is your pastor a member of WMF? _____ Name member(s)* of WMF that you know: _____

*Ask one of these members to send a letter of recommendation to WMF on your behalf. If you do not know a WMF member, state that on the line above and be sure that you have a pastor's recommendation.

STEWARDSHIP

ALL APPLICANTS ANSWER THE FOLLOWING:

- I understand that I am required to make quarterly reports during the first year and then an annual report at renewal time each year thereafter. YES NO
- I understand that I will be placed under the oversight of an Ordained WMF member. YES NO
- I will support the ministry of WMF with my prayers. YES NO
- I understand that I am required to support WMF with monthly dues of \$18 or more. YES NO
- I understand there is an annual credential renewal fee of \$35. YES NO
- Is your home in order according to I Timothy 3:1-7? YES NO
- Is your spouse in total agreement with the call and performance of your ministry? YES NO
- Do you understand that you cannot serve on any of WMF's councils or boards? YES NO
- I understand that if at the time I join WMF, I am 70 years of age or older, I do not qualify for the Survivor's Assistance Fund. YES NO

I hereby certify the above questions are answered to the best of my ability and knowledge:

Applicant Signature _____ Date _____

The following is a checklist for the requirements NECESSARY for processing this application:

- Enclose a current photograph of yourself only.
- Details concerning marriage status (if applicable).
- Letter of recommendation from a WMF member if you know one.
- Letter of recommendation from your pastor.
- \$35 application fee. (Non-refundable)
- Explanation of felony conviction (if applicable).
- Explanation of military discharge if other than honorable.

FOR OFFICE USE ONLY

State Director _____

Date Interviewed _____

Approved Rejected

Place Interviewed _____

City

State

Assigned Oversight Minister for Christian Worker Applicants:

INTERVIEWED BY:

* _____
Signature

** _____
Signature

Each interviewer give a brief evaluation of the applicant next to the corresponding asterisk

* _____

** _____
