



**worldministry**  
FELLOWSHIP

# CHRISTIAN WORKER APPLICATION

6000 Custer Rd Building 3  
Plano, TX 75023-5100  
972-517-3900

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**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

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\*\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_