



Revival Center Ministries

Phone (707) 642-2135 Fax (707) 649-4155

Ministers Renewal Form

1. Please TYPE or PRINT CLEARLY. Fully complete all questions in the package. Circle your responses to any Yes/No questions(If a question does not apply type or print n/a).

2. Please specify your current ordination status:

Pastor Elder Minister Minister-in-Training Lay-Pastor
(circle one)

3. Please attach a brief updated biography.

PERSONAL DATA UPDATE

Mr./Mrs./Ms. _____
Name (last) (first) (middle) (maiden name)

Present Address _____ Apt. _____

City _____ State _____ ZIP _____

Phone: () - _____ Fax Number: () - _____

E-Mail Address: _____

Sex Male Female Date of Birth: _____ Age: _____

Spouse: _____ Date of Birth: _____ Age: _____

Current Marital Status: Single Married Engaged* Divorced Separated
(circle one)

* If you are currently engaged, please send us written confirmation once you are married, so we can update our records accordingly.

MINISTRY ACTIVITY

Have you been actively involved in ministry during the past year: Yes No Was your involvement with RCM ? Yes No

If you have not been active, please explain why not. _____

If you have been active, please describe your ministry involvement during the past year: _____

What are your plans for the coming year? _____

STATEMENT OF TRUTH

I understand that all items submitted to Revival Center Ministries (RCM) as part of this application process become the permanent property of RCM and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I grant RCM and it's delegated leadership permission to verify the information provided in this application.

I hereby state that all the information contained in this application is correct and true. If RCM is notified that any of the information contained in this application is false, it is grounds for immediate cancellation of the application procedure, and may result in revocation of my license.

Signature

Date

**Be sure to review your renewal before mailing or delivering to RCTI.
Incomplete applications will be returned for completion.**

For Office use only	
Approved: _____	Disapproved: _____
_____ Senior Pastor, George Brown	_____ Date
_____ Associate Pastor, Derry Moten	_____ Date