

Revival Center Ministries

Ministry Training Department

910 Tennessee Street * Vallejo, CA 94590

Phone (707) 642-2010

1. Attach a CURRENT PHOTO (head and shoulders only). If you and your spouse are both in the ministry, two separate forms are required.

2. 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).

3. Please specify your current ordination status:

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

4. Please attach a brief biography (see page 4)

Attach Picture here

PERSONAL DATA

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

Present Address _____ Apt. _____

City _____ State _____ ZIP _____

Social Security Number: _____ - _____ - _____ Phone: (____) _____ - _____

Fax Number: (____) _____ - _____ E-Mail Address: _____

U.S. Citizen: Yes No If no, Country of Citizenship: _____
(If permanent alien, please enclose copy of green card)

Sex Male Female Date of Birth: _____ Age: _____

Spouse: _____ Date of Birth: _____ Age: _____

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.

Name of Spouse or Fiance: _____

Date of marriage, present or proposed: _____

Is your spouse or fiance saved? Yes No

Is your spouse or fiance filled with the Holy Spirit with the evidence of speaking in tongues? Yes No

Is your spouse or fiance in full support of your call to ministry? Yes No

If not, why? _____

What is your current occupation? _____

CHURCH AFFILIATION AND REFERENCES

Are you currently a member of Revival Center Ministries? Yes No If yes, how long have you been a member? _____

If no, or if you have been a member of Revival Center Ministries for less than one year, please list the name of the last Church you attended or were a member of.

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Name of Church Senior Pastor Phone

Street Address

City State ZIP

Please state your reason for leaving: _____

Do you mind if we contact the Senior Pastor? Yes No

PERSONAL/MINISTRY CHARACTER REFERENCES

(Please identify someone other than a family member you have known for more than a year.)

Name Address Apt.

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City State ZIP Phone

Name Address Apt.

()

City State ZIP Phone

EDUCATIONAL HISTORY

(Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2

College: 1 2 3 4 Bible School Associates Bachelors Masters Specialist Doctorate
(circle one)

Please list any courses you have taken at Revival Center Training Institute: _____

List all higher educational institutions attended and degree earned.

Name of School	Dates	Major	Diploma/Degree

Do you have any unfulfilled educational goals: Yes No If yes, please specify: _____

YOUR MINISTRY

Do you have a definite call of God on your life to enter the ministry? Yes No
If yes, please explain and give details on a separate sheet of paper.

Are you presently or have you ever been licensed or ordained? Yes No

If so, please list the denomination/organization and date credentialed. (Please attach a copy of credentials.)

If you are leaving or have left this denomination/organization, please explain why:

Identify the area(s) of fivefold ministry, according to Ephesians 4:11, in which you are called by God:

Do you agree with the Revival Center Ministries Statement of Faith? Yes No
(If you disagree with any point, please explain on a separate sheet of paper.)

Have you served in any departments or ministries of Revival Center Ministries? Yes No

If yes, please identify which ones:

YOUR SPIRITUAL LIFE

Date you were saved: _____

Were you raised in a Christian home? Yes No

BRIEFLY relate you conversion experience:

Have you been water baptized: Yes No

Have you been baptized with the Holy Spirit with the evidence of speaking in tongues: Yes No

Understanding that a minister of the Gospel should live a victorious lifestyle of high moral and ethical standards, do you feel that there are any areas of your personal life that would hinder your ministry at this time? Yes No

If yes, please explain:

Do you currently use tobacco, alcohol or illegal drugs? Yes No

If so, please explain on a separate sheet.

Please describe your current prayer life?

Who do you consider your mentor in ministry?

How has this person served as your mentor?

Who are your closest friends and why?

BIOGRAPHY

In the space below, please create a brief biography outlining your conversion experience, and your ministry to date.

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 herby 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 be grounds for revocation of any licenses granted by RCM.

Signature

Date

**Be sure to review your application before mailing.
Incomplete applications will be returned for completion.**

For Office use only	
Approved: _____	Disapproved: _____
_____ Apostle Ricky Nutt, President	_____ Date
_____ Senior Pastor George Brown, Vice-President	_____ Date