

ATTACH
COLOR
PHOTO OF
YOURSELF
& SPOUSE (if married)

*Photo must be recent
(within the last year)*

EAGLE WORLDWIDE NETWORK OF MINISTRIES

73 Emerald St North, Hamilton, ON, Canada L8L 5K2

Phone: (905) 308-9991 FAX: (905)308-7798

Email: network@eagleworldwide.com

Website: www.eagleworldwide.com

APPLICATION FOR: Certified Practical Minister
 Ministerial License
 Ministerial Ordination
 Transfer License
 Transfer Ordination

**Fees, Photo, & Necessary Documentation(s)
MUST accompany application**

Application Date: _____

PLEASE PRINT

PERSONAL INFORMATION:

Applicant's Name: _____
(First) (Middle) (Last)

Spouse's Name: _____ Email Address: _____

Church/Ministry/Business Name (if also desires Network covering):

Address: _____ Home Phone: (____) _____ - _____

City _____ Cell Phone: (____) _____ - _____

Prov/State _____ PC/ZIP _____ Work Phone: (____) _____ - _____

Country _____

Marital Status: Single Married Divorced Widowed

If divorced, please explain: _____

List each child's name and birthdate:

Have you ever been involved with illegal drugs? _____ If yes, please explain:

Have you ever been convicted of a crime? _____ If yes, please explain:

If applying for Ministerial Licensing or Ordination):

Are you presently or have you been licensed or ordained in any capacity? _____

If yes, then with whom _____ When? _____

Please attached a copy of credentialing certificate to this application

PERSONAL REFERENCES: (3 Required)

Name: _____ Relationship to You: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

Name: _____ Relationship to You: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

Name: _____ Relationship to You: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

Personal reference letters attached to your application help to speed up the process.

PRESENT CHURCH AFFILIATION:

Name of Home Church: _____

Pastor's Name: _____

How long have you attended? _____ Phone: _____

To Whom are you presently accountable? _____

MINISTRY EXPERIENCES :

Please give us a brief description of your practical ministry experience.

MINISTRY VISION: Please share your vision with us.

When did you receive salvation? _____

Have you received the Baptism of the Holy Spirit? _____ If yes, when? _____

Please share with us your recognizable gifts and callings.

PERSONAL SALVATION TESTIMONY: Please share with us your personal testimony of your experience with the Lord Jesus Christ. **(Continue on back of page if necessary)**

EDUCATION:

High School Name: _____

City _____ Prov/State _____

College/University: _____

City _____ Prov/State _____

Did you graduate college? _____ When? _____

Did you receive a degree? _____ Type of degree: _____

Did you attend Bible School / Seminary? _____ If so, where: _____

Did you graduate? _____ If so, with what degree: _____

Do you have any other educational information that you would like to share with us?
If so, please use the space below.

Additional Comments and Remarks you would like to share with us:

A \$50.00 application, *in addition to* your annual fee must accompany application
Annual Fees are: \$100.00 for Certified Practical Minister
\$125.00 for Licensed Ministers
\$150.00 for Ordained Ministers

*Thank you for your interest in Eagle Worldwide Network of Ministries.
It will be our pleasure to prayerfully consider your application.
Our office will contact you to set up a personal interview time.*

For office use only:

Picture Rec'd: _____ Application Fee Rec'd: _____ References Checked _____

Personal Interview Schedule for: _____ Completed: _____

Credentialing Granted: _____ Christian Worker _____ Licensed Minister _____ Ordained Minister

Credentialing Ceremony Scheduled for: _____ Location: _____

Certificate Given: _____ I.D. Cards Given: _____ Expires On: _____