



# warrior nations F E L L O W S H I P

PO BOX 2352  
GREENWOOD, SC 29646  
864-227-0508  
www.warriornations.org

## Application for Ministry Credentials

### 1. Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

### 2. Family and Conversion Information:

D.O.B. \_\_\_\_\_ Place of Birth \_\_\_\_\_ M/F \_\_\_\_\_  
Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ ReMarried \_\_\_ Widow(er) \_\_\_  
If divorced, how many times? \_\_\_ List reasons for divorce on a different paper.  
When were you born again? \_\_\_\_\_ When were you baptized in the  
Spirit? \_\_\_\_\_ When were you baptized in water? \_\_\_\_\_  
Spouse's name: \_\_\_\_\_ Anniversary date: \_\_\_\_\_  
Spouse D.O.B. \_\_\_\_\_  
Is your spouse born again? \_\_\_\_\_ When? \_\_\_\_\_  
Are you and your spouse in agreement about your ministry? \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children? Yes/No

Names and ages of your children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Education:

Years completed \_\_\_\_\_ Degree(s) Obtained \_\_\_\_\_  
Please list what Colleges, Bible Schools, or off Campus classes you have completed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Two previous addresses (begin with most recent):

A. Street/ PO Box \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. Street/P.O.Box \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. Ministry Information:**

Denominational background? \_\_\_\_\_  
Have you ever held credentials before? \_\_\_ Able Workers \_\_\_ License \_\_\_ Ordained  
When? \_\_\_\_\_  
Ministry/Organization Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Are those credentials current? \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What credential status are you applying for with WNF?  
\_\_\_ Able Worker's, \_\_\_ License, or \_\_\_ Ordination

***Current church affiliation:***

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

***Previous church affiliation:***

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

How long have you been involved in your current ministry focus?  
\_\_\_\_\_

What percentage of your personal income comes from the ministry?  
\_\_\_\_\_

Do you see that changing? \_\_\_ Yes \_\_\_ No

**5. Personal References:**

**A. PASTOR**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

**B. EMPLOYER**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

**C. WNF ADMINISTRATOR**

Endoresment \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_

Note: Three references are required. If you are a Pastor, include the name of another Pastor who knows you, and one of your elders in the employer space. If you don't have a WNF endorsement, please list another minister. Don't list relatives.

**6. Application Attachments:**

The following must be attached with the application form.

- A. Your non-refundable application fees. Fees are as follows: \$40.00 for Able Worker’s Permit, \$60.00 for License, \$80.00 for Ordination, and \$125.00 for Churches or Ministries.
- B. A written or typed version of your testimony of your born-again conversion.
- C. A current picture.
- D. A written description of your perception of your ministry and the depth of your involvement.

**7. Covenant Agreement:**

I have read the **WNF doctrinal statement and WNF vision statement** and agree with it.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**I will attend at least one annual WNF sponsored event.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

I will support **the monthly work** of WNF with a monthly donation of:

**Member Ministers- 2% or more of my total personal income and required ministerial fellowship fees for members holding credentials annually.**

**Member Ministries/Churches- 10% of ministry income for ministries and churches under the covering and required annual ministerial fellowship fees for ministries.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**I will do by best to further the kingdom of God by spreading the Good News, follow the polices of WNF and commit to communicate with and pray for the leadership of WNF.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only below:

**District Coordinator’s Signature:** \_\_\_\_\_

Date \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_