



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: _____
