



# warrior nations

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

*www.warriornations.org*

PO BOX 2352  
GREENWOOD, SC 29646  
864-227-0508

### **Application for C-4 Ministry Program**

#### **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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and ages of your children:

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

#### **3. Education:**

Years completed \_\_\_\_\_ Degree 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? \_\_\_\_\_ License \_\_\_\_\_ Ordained  
When? \_\_\_\_\_  
Ministry/Organization Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Are those credentials current? \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What credential status are you applying for with WNF? \_\_\_\_\_ i3, MMA, One Hour  
regional coordinator \_\_\_\_\_ 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?  
\_\_\_\_\_

#### 5. Personal References

##### **PASTOR**

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

##### **EMPLOYER**

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

##### **WNF ADMINISTRATOR**

Endorsement \_\_\_\_\_ 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 FHI endorsement, please list another Minister. Don't list relatives.

#### 6. Application Attachments:

The following must be attached with the application form.

- A. \$150.00 Application
- B. A written or typed version of your testimony of your born-again conversion.
- C. A current picture.



# warrior nations

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

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 services, outreaches and events applicable to C-4 Program..**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

I will, as God enable's, support **the work** of WNF with a monthly donation of

Please choose applicable covenant:

☐ **Member Ministers- 10% or more of my personal income and ministerial fellowship fees for members holding credentials.**

☐ **Member Ministries/Churches- 10% of ministry income for ministries/outreaches/churches under the covering and 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 \_\_\_\_\_

\_\_\_\_\_  
*District Coordinator's  
Signature*

\_\_\_\_\_  
*Date*

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

*Reason:* \_\_\_\_\_

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