



# Living Faith World Ministries School of Ministry Application Level 1

## GENERAL INFORMATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Male  Female  / DOB \_\_\_\_\_ SSN# \_\_\_\_\_ DL No# \_\_\_\_\_

Married  Yes  No Spouse Name \_\_\_\_\_

## SPIRITUAL INFORMATION

Are you faithful in attendance  Yes  No How often do you attend church \_\_\_\_\_

What ministry area are you involved in \_\_\_\_\_ When were you called to ministry \_\_\_\_\_

What area of the five fold ministry are you called to? \_\_\_\_\_

Do you faithfully give your tithes  Yes  No Offering  Yes  No

Are you saved?  Yes  No Date \_\_\_\_\_

Are you filled with the Holy Spirit?  Yes  No Date \_\_\_\_\_

Have you been water baptize?  Yes  No Date \_\_\_\_\_

Have you ever applied to Living Faith School of Ministry before? Yes \_\_\_ No \_\_\_

**\*\*MAY REQUIRE BACKGROUND/DRUG SCREENING/CHECK\*\***

**Approved**  **Not Approved**