

COMISSIONING APPLICATION

Abundant Life Ministries

Personal Information:

Full Name _____

(Please print using ink or type as it should appear on your certificate)

What name do you prefer to be called? _____

Address _____

City, State, ZIP _____

Place of Birth _____ Date of Birth _____

Social Security Number _____

Who referred you to us? Name _____ Address _____

Have you ever been convicted of a felony? _____ (If yes, provide explanation separate from this form.)

Do you currently, or have you used, tobacco, alcohol, illegal drugs or prescription pain medication? _____ (If yes, provide explanation separate from this form.)

Have you taken the Abundant Life Applicant Aptitude Assessment? _____

Please attach a recent passport size photograph of yourself.

Contact Information:

Phone: Office (____) _____ Res. (____) _____ Cell (____) _____

Fax: (____) _____ Email Address: _____

Website _____

Family Information:

Marital Status: Single _____ Married _____ Widow(er) _____ Divorced _____ Remarried _____

Have been divorced? _____ If so, how many times? _____ Date of Last Divorce _____

Name of Spouse _____ Is your spouse a believer? _____

Spouse's Date of Birth _____ Anniversary Date _____

Number of children: Total _____ Currently At Home _____

Spiritual Information:

When did you accept Christ? _____ Have you been baptized? _____

What is your denominational background? _____

For the following attach additional pages as needed

How have you personally experienced Christ?

What lead you into a Christian counseling ministry?

Describe your vision for your counseling ministry.

Describe your personal prayer/quiet time and Bible reading and study (frequency, length, experiences during them, etc.)

Describe your fellowship with other believers (church, ministries, classes, small groups, etc.)

Describe your plan to financially support the work of God's kingdom/ your ministry.

Educational Information:

Completed (provide dates):

High School _____ College BA/BS _____ Masters _____ Doctorate _____

Bible School _____ Extension courses (provide dates & descriptions) _____

Professional Information:

Have you ever been Commissioned, Licensed or Ordained as a minister? _____

When _____ by Whom _____

Are the above credentials current? _____ Comments _____

With what church are you presently affiliated? _____

What is your role? _____

Describe your current ministry?

How long have you been in this ministry? _____

What percentage of your annual income is derived from your ministry? _____

If bi-vocational, with whom are you presently employed?

Name _____ Address _____

City _____ State _____ Zip _____

References:

Provide the names, position, and complete contact information of non-related persons who have known you well for at least three years. If less than three years provide length of your interaction and explanation of short duration.

Your Pastor (if you are a pastor, another non-affiliated pastor who knows you well)

Name _____ Position _____

Address _____

Phone _____ E-mail _____

Your Employer (if you are a pastor, a senior lay leader who knows you well)

Name _____ Position _____

Address _____

Phone _____ E-mail _____

Three Character References (non-related individuals who know you well)

Name _____ Now do they know you? _____

Address _____

Phone _____ E-mail _____

Name _____ Now do they know you? _____

Address _____

Phone _____ E-mail _____

Name _____ Now do they know you? _____

Address _____

Phone _____ E-mail _____

Affirmation to Abundant Life Ministries:

If accepted for commissioning -

I will abstain from tobacco, alcohol, illegal drugs, long-term use of prescription pain medications and other forms of addictive behavior.

I will participate cooperatively with this organization and willingly submits to its authority and discipline. I will support it with my annual fees.

Applicant signature: _____ Date: _____

Abundant Life Ministries

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