

Decision Ministries International

www.decision1.org

MINISTRY TEAM APPLICATION

I AM APPLYING FOR ACCEPTANCE AS A DECISION MINISTRIES TEAM MEMBER FOR:

DESTINATION (CITY, COUNTRY)

DATES

NAME

NICKNAME*

(EXACTLY AS IT APPEARS ON YOUR PASSPORT)

NOTE: *ASTERISKED FIELDS WILL APPEAR ON NAMETAG

DATE OF BIRTH ___/___/___

GENDER Male Female

OCCUPATION*

STREET ADDRESS

CITY*

STATE*

ZIP

PHONE NUMBERS

HOME (_____) _____

WORK (_____) _____

FAX (_____) _____

CELL (_____) _____

EMAIL _____

PASSPORT NUMBER _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

PHONE NUMBER (_____) _____

HAVE YOU TRAVELED WITH DECISION BEFORE? Yes No IF SO, GIVE DATES _____

ARE YOU BORN AGAIN? Yes No Unsure

ARE YOU SPIRIT-FILLED? Yes No Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH DECISION MINISTRIES GUIDELINES? Yes No

ARE YOU WILLING TO SUBMIT TO BEING MONITERED AND LOVINGLY CORRECTED IF NECESSARY? Yes No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? Yes No SPOUSE'S NAME _____

DO YOU HAVE ANY PHYSICAL DISABILITY? Yes No IF SO, PLEASE DESCRIBE:

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? Yes No IF SO, PLEASE

DESCRIBE: _____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE

CURRENTLY TAKING: _____

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC: _____

MEDICAL INSURANCE PROVIDER _____ POLICY # _____

PHONE (_____) _____ (IF POSSIBLE, OTHER THAN TOLL FREE NUMBER)

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? _____

CHURCH NAME _____ DENOMINATION _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE (_____) _____ HOW LONG HAVE YOU ATTENDED? _____

NAME OF PASTOR _____ PHONE (_____) _____

DO YOU TITHE REGULARLY? Yes No DO YOU ATTEND CHURCH REGULARLY? Yes No
HAVE YOU BEEN WATER BAPTIZED? Yes No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? Yes No

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY? Yes No

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? _____

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? Yes No

IF SO, PLEASE DESCRIBE _____

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? Yes No

IF SO, PLEASE DESCRIBE _____

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? Yes No

IF SO, NAME LANGUAGE(S) _____

I, _____, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE DECISION MINISTRIES INTERNATIONAL TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

SIGNED: X _____ DATE ____/____/____

DECISION MINISTRIES INTERNATIONAL
407 Phillips Drive Dumas, Texas 79029
Phone: (806) 935-2370 or Cell: (806) 679-2659
Fax: (806) 935-2374 Email: decision@amaonline.com