



SPIRIT LIFE MINISTRIES

NEXT-GEN LEADERS

APPLICATION



Personal:

Name:		
<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>
Address:		
City/State/Zip:		
Phone:		Email address:
Date of Birth:	Gender:	
	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	
Circle highest grade/level completed:		
<i>High School 8 9 10 11 12</i>		

Spiritual:

When did you accept Jesus Christ as your personal Savior?
What church do you currently attend?
Have you been baptized with the Holy Spirit with the initial evidence of speaking in tongues?
<i>(Acts 2:4)</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Have you been baptized in water according to Matthew 28:19? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Do you believe the Bible to be the inerrant Word of God? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
I have read, and am in agreement with, the 14 Articles of Faith of the IPHC.
<i>(Articles of Faith can be found at iphc.org/beliefs)</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Do you feel called to a specific area of ministry?
<input type="checkbox"/> <i>Pastor</i> <input type="checkbox"/> <i>Youth Pastor</i> <input type="checkbox"/> <i>Evangelist</i> <input type="checkbox"/> <i>Teacher</i> <input type="checkbox"/> <i>Worship</i>
<input type="checkbox"/> <i>Other</i> _____ <input type="checkbox"/> <i>Unsure</i>
Are you currently involved in ministry? If so explain. <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Do you have any previous experience in church leadership? If so explain
Parent/Guardian Signature:

Remit to: Spirit Life Ministries, PO Box 309 Williamston, SC 29697 Email: scottlollis@outlook.com