
**Covenant Life Ministerial Organization
6865 Shingle Creek Parkway
Brooklyn Center, MN 55430**

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CLMO APPLICATION COVER SHEET

DATE: _____

APPLICANT: _____

APPLYING FOR:

Christian Workers Papers

Licensing

Ordination

WHAT OFFICES HAVE YOU HELD IN THE CHURCH? _____

HOW MUCH STREET EVANGELISM HAVE YOU DONE? _____

HOW MUCH ROAD EVANGELISM HAVE YOU DONE? _____

HOW MANY OVERSEAS MISSION TRIPS HAVE YOU BEEN ON? _____

WHERE DID YOU GO AND WHAT WAS YOUR FUNCTION? _____

DO YOU SING? YES____ NO____ WHAT TYPE OF SINGING DO YOU DO? _____

WHAT INSTRUMENT(S) DO YOU PLAY? _____

CAN YOU LEAD WORSHIP? YES____ NO____

WHAT EXPERIENCE DO YOU HAVE IN CHURCH MUSIC? _____

HOW MANY YEARS OF SPEAKING OR PREACHING EXPERIENCE DO YOU HAVE? _____

HOW MANY TIMES A MONTH ON THE AVERAGE DO YOU HAVE PREACHING ENGAGEMENTS?

CAN YOU PRAY SOMEONE THROUGH TO SALVATION? YES____ NO____

HOW MANY PEOPLE DO YOU LEAD TO THE LORD YEARLY? _____

HAVE YOU PRAYED SOMEONE THROUGH TO THE BAPTISM OF THE HOLY SPIRIT? YES____ NO____

CAN YOU HANCLE DOING A DELIVERANCE ON YOUR OWN? YES____ NO____

EXPLAIN: _____

DO YOU FEEL THAT GOD HAS CALLED YOU INTO THE FIVE-FOLD MINISTRY? YES____ NO____

WHAT IN PARTICULAR DO YOU SEE AS YOUR VISION OR CALLING IN THE MINISTRY? _____

CAN YOU GIVE THE EXACT TIME AND PLACE THAT YOU WERE CALLED INTO THE MINISTRY?

YES____ NO____ EXPLAIN: _____

WHY DO YOU FEEL IT IS NECESSARY TO BE A RECOGNIZED MINISTER TO SERVE THE LORD? ____

IS YOUR FAMILY IN AGREEMENT WITH YOUR CALLING? YES ____ NO ____

IS YOUR FAMILY SAVED? YES ____ NO ____ EXPLAIN: _____

WHAT ARE YOUR LONG-TERM GOALS FOR THE MINISTRY? _____

HOW DO YOU EXPECT TO SUPPORT YOUR MINISTRY? _____

Membership Agreement

If you are in agreement and desire to be a member of Covenant Life Ministerial Organization knowing your obligations, please sign and print your name and date your application.

Name (printed)

Name (signed)

Date