

**To the Midwest District Board of Ministerial Standing of the EFCA  
In Partial Fulfillment for the Requirements of:**

**Vocational Ministry License**

**PRESENTED BY:**

Your Name  
Your Church  
City, State

**PRESENTED ON:**

Date of Scheduled Interview

*(Please include on the back of the cover page of your thesis the following information.)*

1. Education:

Name of School                      Dates Attended                      Major                      Degree

2. Service Record: (List most recent first)

Church or Institution              Location                      Position                      Month/Year to Month/Year /

3. Ministerial Credentialing Status:

Ordained? Yes \_\_\_ No \_\_\_

Present Ministerial License expires:

Are you a member of the National Ministerial Association?

4. Family:

Your Date of birth: \_\_\_\_\_ Place: \_\_\_\_\_

Wife's maiden name: \_\_\_\_\_ Year married: \_\_\_\_\_

Her Date of birth: \_\_\_\_\_ Place: \_\_\_\_\_

Children:              Name(s)                      Date of Birth

5. Have either you or your wife been divorced?

6. Have you ever been formally charged/accused of inappropriate sexual behavior with a minor?