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 <u>on the back</u> of the cover page of your thesis the following information.)

1. Education:

   <u>Name of School</u> <u>Dates Attended</u> <u>Major</u> <u>Degree</u>

2. Service Record: (List most recent first)

   <u>Church or Institution</u> <u>Location</u> <u>Position</u> <u>Month/Year</u> to <u>Month/Year</u>

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: <u>Name(s)</u> <u>Date of Birth</u>

5. Have either you or your wife been divorced?

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