

Ministry Empowerment Association Global

13550 Jefferson Davis Highway

Woodbridge, VA 22191

703-490-4673

Fax number: 703-490-9664

APPLICATION FORM

Please print or Type All information clearly

DOB (month and day only)

APPLICANT'S NAME: _____ **DOB:** _____

Cell number: _____ Work number: _____

Email Address: _____

SPOUSE'S NAME: _____ **DOB:** _____

Spouse's cell number: _____ Spouse's Work number: _____

Spouse's Email Address: _____

Wedding Anniversary Date _____

Children's Name:

DOB:

HOME INFORMATION

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER (_____) _____

CHURCH, MINISTRY OR ORGANIZATION INFORMATION

CHURCH NAME

ADDRESS OF CHURCH

CITY _____ STATE _____ ZIP _____

CHURCH PHONE NUMBER: _____ FAX # _____

CHURCH WEBSITE: _____

CHURCH EMAIL ADDRESS: _____

MAILING ADDRESS (if different)

CITY _____ STATE _____ ZIP _____

WHAT OTHER ORGANIZATIONS ARE YOU AFFILIATED WITH?

FIVE FOLD MINISTRY OFFICE IN WHICH YOU STAND

_____ **Pastor** _____ **Teacher** _____ **Evangelist** _____ **Apostle** _____ **Prophet**

What position do you currently hold in ministry?

_____ Pastor _____ Assistant Pastor _____ Minister _____ other: _____

Ordained? _____ Yes _____ No Licensed? _____ Yes _____ No

If yes, by what organization: _____

If no, do you desire for M.E.A. to ordain or license you? _____

IF PASTOR, HOW LONG HAVE YOU HELD THIS OFFICE _____

HOW LONG HAVE YOU BEEN PASTOR/ASSISTANT PASTOR AT THIS MINISTRY? _____

HOW LONG HAS YOUR ORGANIZATION BEEN RECOGNIZED AS A NONPROFIT RELIGIOUS ORGANIZATION? _____

Return this form with your \$100.00 application fee and two recommendations from ministries that are familiar with your ministry to the above address. (Application fee is non refundable).

Date

Signature

FAMILY QUESTIONNAIRE FOR CANDIDATES

1. Name of Candidate _____
2. E-mail _____
3. Phone: Home _____ Cell _____
4. Marital status: _____
5. Have you been previously married and if so how many times, manner of separation and cause of divorce? _____
6. Do all your children live at home with you and if not, where? _____

7. Are your children involved in ministry? If so, in what capacity?

8. Is your spouse involved in ministry and if so, in what capacity?

9. How would you describe your marriage and how would you rate your marriage on a scale of one to ten? _____

10. How does your spouse describe your marriage and how would she rate the marriage on a scale of one to ten?

11. How do your children describe your marriage?

12. Who is the priest of the home and how is that exercised?

14. Are your children facing major trouble in school or with a law enforcement agency?

15. Do you have family devotion? How frequently?

16. Is alcohol, illegal drugs, tobacco product or pornography being maintained in the home? Who uses them?

17. What is your pattern of discipline in the home?

18. Is everyone in the household born again? _____

19. Has anyone in the home experienced abuse in the home? If so, how is it being resolved? _____

Inasmuch as financial integrity is essential for effective ministry, it is necessary to ask the following questions.

20. Do you (and/or your spouse) carry any excessive financial debts?

____Yes ____No

21. Are you current on all debts? _____Yes _____No

Describe how you demonstrate financial responsibility?

**MINISTRY EMPOWERMENT ASSOCIATION GLOBAL
CHURCH SURVEY**

VISION: _____

MISSION: _____

PURPOSE: _____

DOCTRINAL/THEOLOGICAL BELIEFS: _____

SPECIFIC ACTION TAKEN/ACCOMPLISHMENTS MADE TO FULFILL THE VISION:

SPECIFIC ACTION TAKEN/ACCOMPLISHMENTS MADE TO FULFILL THE MISSION:

SPECIFIC ACTION TAKEN/ACCOMPLISHMENTS MADE TO FULFILL THE PURPOSE:

**ARE YOU A MEMBER IN GOOD STANDING AND IF NOT, WHAT ACTION IS BEING
TAKEN TO AMEND THIS:** _____

COMPOSITION OF THE CHURCH STAFF:

- a. Full time Pastor: _____
- b. Assistant Pastor: _____
- c. Ministers: _____
- d. Music Director: _____
- e. Deacons: _____
- f. Secretary: _____
- g. Treasurer: _____
- h. Youth Director: _____
- i. Sunday School Superintendent: _____
- j. Board members: _____
- k. Other: _____

CONGREGATIONAL SIZE:

- a. Total Members: _____
- b. Total Full Time non-members: _____
- c. Total number of Men: _____
- d. Total number of Women: _____
- e. Total number of Children: _____
- f. Total number of Singles: _____
- g. Total number of couples: _____

MINISTRIES WITHIN THE CHURCH:

- a. Men's Ministry: _____
- b. Women's Ministry: _____
- c. Children's Ministry: _____
- d. Youth Ministry: _____
- e. Choir: _____
- f. Other: _____

OUTREACH PROGRAMS:

- a. Newspaper advertisement: _____
- b. Television programs or advertisement: _____
- c. Radio programs or advertisement: _____
- d. Other: _____

SERVICES:

- a. Sunday services and times: _____
- b. Weekday services and times: _____
- c. Prayer services and times: _____

ADMINISTRATIVE DATA:

- a. Date church founded: _____
- b. Church is affiliated with what denomination or organization: _____
- c. Pastor is ordained or licensed: _____
- d. Services are held in rented building, mortgaged building or in home:

- e. Visits made by church Pastor to M.E.A. Headquarters & Date: _____
- f. Visits made by regional director to the church: _____

SIGNIFICANT GOALS ACCOMPLISHED BY THE CHURCH:

SIGNIFICANT CHALLENGES: _____

OFFICIAL NOTES

1. Overseer Visit

Date: _____
Strengths: _____
Weaknesses: _____
Concerns: _____

Additional Comments:

Report completed on:

Report of finds sent on:

Next scheduled visit:

Overseer's signature: _____

Ministry Empowerment Association Global

Minister's Recommendation for M.E.A. Global Membership

Please print or Type All information clearly

NAME OF APPLICANT

LAST NAME FIRST NAME MI

EVALUATOR'S RESPONSE

The Pastor/Minister evaluator (who has known the applicant for a minimum of one year) is to complete the remainder of this document. Please return your completed recommendation to:

Ministry Empowerment Association Global
13550 Jefferson Davis Highway
Woodbridge, VA 22191
Fax: 703-490-9664
MEA@hopeaglow.org

TITLE: _____ Pastor _____ Minister _____ Dr. _____ Other _____

LAST NAME FIRST NAME MI

MINISTRY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NUMBER _____

ARE YOU: LICENSED _____ YES _____ NO ORDAINED _____ YES _____ NO

ARE YOU CURRENTLY A M.E.A. MEMBER _____ YES _____ NO

INTERVIEW

1. How long have you known the applicant? _____

2. What is the extent of your relationship?

____ Very Close ____ Close ____ Casual ____ Intermittent

3. What has been the nature of your acquaintance?

____ Pastor ____ Co-worker ____ Personal Friend ____ Friend of Family

____ Fellowship/Social ____ Other

4. To the best of your knowledge, is this applicant involved in some area of Ministry _____ Yes _____ No

5. Does the applicant have a positive spiritual influence on others? __ Yes __ No

6. Does the applicant currently hold a secular job? ____ Yes ____ No ____ Not sure

7. To the best of your knowledge has the applicant participated in any of the following with the last four years:

____ Nicotine ____ Alcohol ____ Use of illegal drugs ____ Living with an individual as though married.

Comments:

8. To the best of your knowledge does the applicant have any personality traits that may hinder his/her relationship with others? _____ Yes _____ No

Comments:

9. Please give your evaluation of the applicant's personal character by placing a check mark in the appropriate box.

Attribute	Excellent	Good	Fair	Poor
Honesty				
Attitude towards others				
Ability to work with others				
Dependability				
Ability to lead others				
Academic ability				
Personal grooming				
Financial Responsibility				

Please feel free to give your personal comments on this applicant.

EVALUATOR'S SIGNATURE _____

Thank you for completing this recommendation on behalf of the applicant. We take your comments very seriously and believe you have completed this form accurately. Your comments are strictly confidential.

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Ability to work with others				
Dependability				
Ability to lead others				
Academic ability				
Personal grooming				
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Applicant Questionnaire

Please complete the following questions with as much detail as necessary. Return with your application after completion.

PERSONAL

1. How long have you been saved?
2. Tell us about your conversion into Christianity?
3. How long have you been in ministry?
4. When did you receive your call into ministry and how long afterward did you start walking in your calling?
5. Who discipled you into ministry? How long was your discipleship program? What did your discipleship program consist of?
6. List your spiritual gifts.
7. Tell us about your current assignment in ministry? How long have you been there? What are your responsibilities and what do you see to be your strengths and weaknesses?
8. Up to this point in your spiritual walk with the Lord, what has been your experience in ministry?

EDUCATION

1. Do you have a Biblical degree? If so in what
2. Are you currently attending school?
3. Where do you get your Biblical knowledge from?

THEOLOGY

1. What is your belief in tithing?
2. What is your understanding of the five-fold ministry?
3. What is your belief on water baptism?
4. Who do you say Jesus Christ is?
5. What are your thoughts on the body of Christ and evangelism?
6. What is your understanding of the trinity?

CHURCH ADMINISTRATION

1. Have you ever been involved in the business side of ministry? If so, please tell us when, what capacity and how long.