



Saints Of Value **Ministries**

Intern Ordination Application

PLEASE PRINT:

Name: _____ Birth Date: _____

Address _____

City and State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____ Website _____

Home Church _____ Pastor _____

Church Address _____ City _____ Zip _____

Best time to call? _____ A.M. _____ P.M.

Are you Saved? _____ Year Saved? _____

How do you know you are called to be a Minister? _____

What do you see yourself doing as a Intern Minister? _____

What spiritual growth have you experience in the last 3 months? _____

Comments? _____

Will you notify your pastor by announcing your Intern Ordination ceremony at S.O.V. Ministry. _____ Do you have any concerns with that? If so what? _____

Signature _____ Date _____

Please Submit "2" pictures with this Application
Along with a donation of \$50.00
All Due 3 Weeks Before Ordination Day
We Thank You!

----- Office Staff Below -----

Credentialing Procedures Statements on File _____

Intern Ordination date is _____

Approved By:

Staff Minister Date

Staff Minister Date

Staff Minister Date

