

# *Saints Of Value Ministries*

## *Leadership Application*

PLEASE PRINT:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best time to call for appointment? \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Are You Saved? \_\_\_\_\_ Year Saved? \_\_\_\_\_

How do you know you are called to be a Leader? \_\_\_\_\_

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Why do you want to be a Leader? \_\_\_\_\_

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How do you see yourself as a Leader? \_\_\_\_\_

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Comments: \_\_\_\_\_

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We will notify your pastor by letter announcing your Leadership position here at S.O.V. Ministries. Do you have any problems with that? If so What? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Submit (2) Pictures Upon Return of This Application

A \$100.00 Donation

Credentialing Procedure Statement on File \_\_\_\_\_

Leadership Starting Date: \_\_\_\_\_

We Thank You!

**OFFICE USE BELOW**

Approved By:

\_\_\_\_\_  
Staff Minister

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Minister

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Minister

\_\_\_\_\_  
Date

**PICTURE  
HERE**