

Saints Of Value Ministries
Leadership Application Renewal

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? _____

Why do you want to be a Leader? _____

How do you see yourself as a Leader? _____

Comments: _____

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? _____

Signature: _____ Date: _____

Please Submit (2) Pictures Upon Return of This Application

A \$75.00 Donation

Credentialing Procedure Statement on File _____

Leadership Starting Date: _____

We Thank You!

_____ **OFFICE**
BELOW _____

USE

Approved By:

Staff Minister

Date

Staff Minister

Date

Staff Minister

Date

**PICTURE
HERE**