

S.E.E.D. Faith Ministries International

"A Prophetic End-time Harvest Ministry of Word, Works & Wisdom"

Ministry Partnership Application

Please complete application in full. (One per individual).

I desire to become a covenant partner of **S.E.E.D. Faith Ministries International**.

Name of applicant (Information will be published in the Partnership Directory).

Mr. Mrs. Miss. Ms. Dr. Other

Address (please show the postal address you wish to be used for all mailing)

Street address: _____

City: _____ State: _____ Zip: _____

H phone: _____ W phone: _____

Email: _____

Please tell us about yourself. (Not to be published)

Employment information:

Occupation: _____

Employer: _____

Relationship status:

Single Married Separated Divorced

Widowed

Name of spouse: _____

Date of marriage: _____

Church background (if applicable)

Former church membership: _____

Dates of membership: _____

Pastor/Minister: _____

Address (please provide address where we can contact your previous Pastor/Church.)

Telephone: _____

Date of Salvation: _____ Date of baptism: _____

Date of Holy Spirit: _____

If licensed or ordained: (for ministers only)

Date of License: _____ Date of Ordination: _____

Church/Pastor: _____

Address _____

Telephone: _____

Licensed/Ordained as: _____

Significant anniversaries

Please list any significant anniversaries that you would like us to remember, such as marriage, birthday, or other celebration.

Event: Birthday _____ Date: _____

Event: _____ Date: _____

Event: _____ Date: _____

Children and other dependants (living with you)

Name: _____

Date of birth: _____ Age: _____

Name: _____

Date of birth: _____ Age: _____

(over)

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Emergency contact information

Full name: _____

Relationship: _____

H phone: _____ W phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Are there any medical or other issues of which we should be aware? No Yes, if so, please list.

Yes, I would like to speak to the Pastor about some of these items.

Pledge information

Yes, I would like to make the following pledge(s) to be used for the:

General Operating expenses and ministry of *S.E.E.D. Faith Ministries International*: \$ _____

On the following basis: Weekly Monthly
 Quarterly Annually in amount of: \$ _____

I would like to make the following additional pledge to be used for the Ministry Facilities/Housing: \$ _____

Ministry Involvement Form

Please tell us what areas of Ministry are you most interested in serving. Please check all that apply and the Pastor or Department Leader will contact you.

- Print Media & Electronic Media
- Christian Education
- Evangelism
- Prison Ministry
- Books, Periodicals & Tapes
- Audio, Video & Multi-Media

- Publicity & News service or press agency
- Radio & Television
- Sound
- Training/workshops
- Research/studies
- Music, Praise & Worship
- Dance
- Drama
- Usher & Greeter
- Women's Ministry
- Men's Ministry
- Children's Ministry
- Alter & Personal Worker Ministry
- Pastor's Aid
- Hospitality
- Transportation
- Event set up crew
- Youth Ministry
- Office Volunteer
- Telephone follow up
- Prayer
- Singles Ministry
- Married Fellowship
- Event Co-ordinator
- Other, please give details:

Please tell us about your Education:

- Associates Bachelor
- Masters Ph.D. M.D.
- Certificate:

Signature: _____ Date: _____

Thank you for filling in this application form. Once we have received your application, we will follow up with recommendations and/or feedback.