HEART OF DAVID WORLD MINISTRIES Rev. John and Kathy Weber

11942 Haumesser Road

Shabonna, IL, 60550 U.S.A

Ministerial Credential Application

The application had been designed so we may get to know you and your ministry. It is not questioning any phase of your life or calling.

Thank you for your sincere answers					
Christian Worker	edential: (Please check one) Licensed Minister ay Exhorter Ordainec				
	Personal informa				
Name	(Please Print Leg	<i>"</i> \square \square			
		Zip:			
Home Phone	Cell Ph	none:			
Office Phone	Fax Nu	ımber:			
Email:					
	Age:				

Marital Status:	ied	Remarried Divorced/Separated				
(if ever Divorced/Separated plea	se attach ex	xplanation of details on a separated sheet)				
Spouse's Name		Age:				
Dependants:						
Name:	Age:	Relationship:				
Name:	Age:	Relationship:				
Name:	Age:	Relationship:				
Name:	Age:	Relationship:				
Name:	Age:	Relationship:				
I am a USA Citizen. Yes No I am here on a Ministry Visa. Yes. (If yes please attac						
Have you ever been arrested, charged or convid (if yes please attac	•					
Ministry History						
Date you became a "Born Again" Christian: (Month / Year) I have enclosed a copy of a transcript or any biblical degree I have achieved.						
I have enclosed a Christian Service Resume documenting my ministerial experience						
Note: if you do have a theology Degree you must at	ttach a Christia	n Service Resume detailing your ministry experience				
I am presently active in Ministry. \Box Ye	es 🗌 No					
Please attacl	h an explan	nation telling us				
	een called type or pri	into Ministry? int legibly)				

I have been active in Part-time ministry	ars
Please check all that apply and provide months or years involved	
Snr. Pastor Assoc Pastor	
Evangelist (holding services outside my local church explain on attached	ed sheet)
Music Ministry Lay ministry	
Teaching Ministry Teen Ministry	
Elder Int'l Missionary List Countries in	resume
Child Evangelism Other	
My present #1 Ministry is (be specific)	
Address:	
Address: State: Zip:	
City: Zip:	
City:State: Zip: Phone:Website:	
City:State:Zip: Phone:Website: Have you previously held credentials?YesNo	
City:State:Zip:	

Reference

Name:			
Address:			· · · · · · · · · · · · · · · · · · ·
City:			
Organization:			
Phone:			
Name:			
Address:			
City:	State:	Ziţ	o:
Organization:			
Phone:			
Name:			
Address:			
City:			o:
Organization:			· · · · · · · · · · · · · · · · · · ·
Phone:			
	Finances		
Have you been involved in serious	financial problems?	Yes 🗌	No
Are your finances in order now?	☐ Yes ☐ No		
Are you paying tithes on a regula	r basis? Yes	No	