

# PASTORAL ENLISTMENT FORM

2 PASSPORT  
PHOTOGRAPHS

## SECTION A:

## PERSONAL PARTICULARS

### I. CURRICULUM VITAE:

1. Surname: \_\_\_\_\_
2. Other Names: \_\_\_\_\_
3. Age (Last Birthday): \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Home Town: \_\_\_\_\_ L.G.A: \_\_\_\_\_ State: \_\_\_\_\_
5. Languages Spoken: \_\_\_\_\_
6. School/Colleges Attended (with dates):

S/N	Names of Institution/ Location	Discipline/ Course	Degree Obtained	Year

7. Highest Education Qualification (State Discipline and Year Obtained):  
\_\_\_\_\_

8. International Passport No.: \_\_\_\_\_

9. Immigration Status: \_\_\_\_\_

10. Tel. No.: \_\_\_\_\_ Email add.: \_\_\_\_\_

11. No. of children/dependent and age(s): \_\_\_\_\_

b. Do you have children by another woman/women/Man/Men? \_\_\_\_\_ if yes,  
how many? \_\_\_\_\_

c. Name and address of your spouse: \_\_\_\_\_  
\_\_\_\_\_

d. Docs she agree with your intention to be ordained in this Ministry. \_\_\_\_\_

**II. MEDICAL HISTORY:**

- 12. Any disabilities? \_\_\_\_\_ If any, state the nature: \_\_\_\_\_
- 13. Have you at any point had psychological ailments? \_\_\_\_\_
- 14. Are you on any permanent medication? \_\_\_\_\_ If yes, state particulars of disease/illness for which medication has been prescribed: \_\_\_\_\_
- 15. Have you ever been addicted to one or more of the following? *Tobacco (processed or raw), alcohol, marijuana, or other hard drug, like cocaine, L.S.D; barbiturate, etc. (Tick as appropriate).* If yes, for how long?  
\_\_\_\_\_

**SECTION B: SPIRITUAL EXPERIENCE**

- 16. Date of New Birth: \_\_\_\_\_
- 17. Have you been baptized in the Holy Ghost with the evidence of speaking in tongues? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_
- 18. Have you been baptized in Water? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
- 19. What was your last place of fellowship? \_\_\_\_\_  
Any assignment or position of responsibility held? \_\_\_\_\_  
What activities are you involved in? \_\_\_\_\_
- 20. State whether there has been a break in your Christian experience: \_\_\_\_\_  
For how long? \_\_\_\_\_ Explain briefly the reason(s) for the break: \_\_\_\_\_  
When was the restoration made? \_\_\_\_\_  
How did restoration come about? \_\_\_\_\_
- 21. Have you ever been associated with any of the following? *Jehovah Witness, Mormons, S.D.A., Islam, Moonism, Celestial Church, Cherubim & Seraphim Movement, Brotherhood of the Cross and Star, No way for satan, Unification Church, Aladura, Hinduism, Shintoism, Amoc, Buddhism, Any Communist Organization, or others (state):*  
\_\_\_\_\_ For how long? \_\_\_\_\_  
Would you state positively that you have severed all links with them? \_\_\_\_\_

**SECTION C:****WORKING EXPERIENCE**

22. Have you worked anywhere before? Yes

S/N	Name of Employer	Position Held	Dates	Salary Paid

23. Why did you leave the place of last engagement? \_\_\_\_\_

24. Why do you intend to join this Ministry? \_\_\_\_\_

25. Give names and addresses of two persons from whom we can secure references for you:

\_\_\_\_\_

i) \_\_\_\_\_

ii) \_\_\_\_\_

**SECTION D:****CHURCH RECORDS**

26. Date and Year joined Living Faith Church (Winners' Chapel International):

\_\_\_\_\_

27. Name of Activity groups involved in: \_\_\_\_\_

28. Details of WOFBI training attended:

S/N	Course Type (Tick)	Duration	Year/Date	Certificate
1	Basic Certificate Course. (BCC)			
2	Leadership Certificate Course. (LCC)			
3	Leadership Development Course. (LDC)			
4	Full Time Diploma Programme. (FT)			

**SECTION E:**

**FINANCIAL COMMITMENT**

29. Are you indebted? \_\_\_\_\_ State nature and/or amount of indebtedness: \_\_\_\_\_

What are the grounds for the indebtedness? \_\_\_\_\_

What arrangements are you making to discharge the debt? \_\_\_\_\_

**SECTION F**

Write a brief of your vision on a continuation sheet and attach to this application

**SECTION G**

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

**NOTE:** Any false statement/claim will lead to the automatic rejection of this application.

FOR OFFICIAL USE ONLY:

A	B	C	D	E	F	G	H	TOTAL

**COMMENTS:**

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**EXAMINERS:**

1.	Name / Sign		2.	Name / Sign	
3.	Name / Sign		4.	Name / Sign	

**Criteria:**

- Minimum First Degree, HND or equivalent professional qualifications.
- Must have attended all the 3-tier program of WOFB1 i.e. BCC, LCC and LDC special courses.
- Active church membership for a minimum of five (5) unbroken years with proven participation in service group.
- Minimum age of 22 years and not exceeding 35 years at the time of application.
- Other requirements are as provided for in the Mandate, Article 7.5.1