



**SPIRIT OF FAITH BIBLE TRAINING MINISTRIES**

**P.O.BOX 19789-00202, NAIROBI**

**ORDINATION OF A CHURCH MINISTER**

**APPLICATION FORM**

1. Name \_\_\_\_\_ Age \_\_\_\_\_
2. Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile Telephone No \_\_\_\_\_  
E-mail Address \_\_\_\_\_
3. Standard of Education \_\_\_\_\_
4. Marital Status: Married ( ) Single ( ) Widow ( ) Widower ( ) Others ( )  
If married, what is the name of your spouse? \_\_\_\_\_
5. Name of the Church/Organization/Ministry you are working with \_\_\_\_\_  
\_\_\_\_\_  
The Church/Ministry address \_\_\_\_\_  
And phone no \_\_\_\_\_
6. Are you a Licenced Minister? Yes ( ) No ( ) if yes, when were you Licenced? \_\_\_\_\_
7. What is your position in your church/organization/ministry? \_\_\_\_\_
8. Please state your  
(a) Vision \_\_\_\_\_  
(b) Mission \_\_\_\_\_
9. What is your gifting in the ministry? \_\_\_\_\_
10. I believe it is the will of God for me to be ordained as a church minister.  
Signature \_\_\_\_\_ Date \_\_\_\_\_
11. Please give two names of referees ordained Ministers/ Bishops who know you well.

Note: Please submit your application form with a fee of sh. 5,000/= which is non-refundable and a letter of recommendation from your Local Church Council Members.

**(For official use only)**

The application form has been approved/not approved \_\_\_\_\_  
Comments \_\_\_\_\_

Signed (1) \_\_\_\_\_ Date \_\_\_\_\_ (2) \_\_\_\_\_ Date \_\_\_\_\_

Chairman

Secretary



# SPIRIT OF FAITH BIBLE TRAINING MINISTRIES

P.O.BOX 19789-00202, NAIROBI

**RECOMMENDATION FOR ORDINATION**

**DATE:** \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of the referees \_\_\_\_\_

The above-named person is applying for Ministerial credentials with Spirit of Faith Bible Training Ministries. He/She would like to be ordained as a Reverend. He/She has given your name as one of his/her referees and we need your kind assistance.

The questions listed below should be answered honestly and correctly, for serious consideration will be given to your answers.

Our files are kept confidential, so please fill out this form to the best of your ability and return it to our office in the envelope provided.

1. How long have you known the person? \_\_\_\_\_ years.
2. Has your relationship been:  Intensive       Very close       Close  
 Casual       Intermittent       Distant  
 Others
3. What is your relationship with the applicant?  
\_\_\_\_\_

4. To your knowledge, does this applicant have a definite call to the ministry?  
 Yes                       No                       Do not know
5. To your knowledge, is the applicant currently involved in active ministry?  
 Yes                       No                       Do not know
6. Pulpit Experience/Preaching and Teaching:  
 Well-experienced                       Lightly experienced  
 No experience                       Do not know
7. Work ability (in Ministry):  
 Very industrious                       Satisfactory work ability  
 Enough to get by                       Doesn't meet minimum requirements  
 Do not know
8. Stability/ Ability to withstand pressure:  
 Tolerates pressure well                       Cannot handle pressure  
 Average tolerance/usually calm                       Do not know
9. Personal Organization:  
 Conscientious, tidy and clean                       Disorderly and untidy  
 Fairly neat                       Do not know  
 Tends to be disorderly
10. Response/Attitude to Authority:  
 Helpful and co-operative                       Not co-operative/very resentful  
 Usually responsible                       Do not know  
 Resentful of authority
11. Emotional Stability:  
 Self-controlled and mature                       Unstable  
 Usually stable                       Do not know  
 Moody and changeable
12. From your knowledge of applicant's general character, past record and present behavior, check any of the following which apply:
- Has been involved in serious community disturbances.  
 Has been arrested for other than minor traffic violations.  
 Has a reputation for involvement in behavior indicating serious moral weakness  
 None of the above.

13. Having observed this person in the ministry, would you:

- Highly recommend
- Recommend
- Recommend with reservations

**Please list reservations** \_\_\_\_\_  
\_\_\_\_\_

- Not recommend
- I do not know enough about him/her ministry to make a valid recommendation.

14. Please give us your personal comments on the integrity of the applicant to aid us in our decision-making

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Age  18-25  26-35  36-50  51 & above

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Please send this form to:**

**The President**

**Spirit of Faith Bible Training Ministries**

**P.O.BOX 19789-00202**

**NAIROBI**

**TELEPHONE: 0726 426 192**