Application for Partnership All information must be filled in as required. Please Print Legible.





APPLICANT INFORMATION																				
Last Name									First						M.I.		Date			
Title	2																			
Street Address																Apartment/Unit #				
City																ZIP				
Phone E-mail Add										dress (ı	require	ed)								
Mailing Address (if different)																				
City										State						ZIP				
Cell										Fax										
Emergency Phone:										Office	e/Worl	k Te	lephone							
Gen	der		Male			Fen	nale													
Mar	ried Statu	s:	Marri	ied		Sing	gle			Divorce	d									
Web	osite (if ap	plica	able)																	
Are you a citizen of the United States? YES NO									If n	ю, а	re you au	uth	orized to wo	ork in the U.S.?			YES	NO 🗆		
PEI	Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO PERSONAL INFORMATION																			
	ne of Spou				Name:								First N	Van	ne:				M.I.	
Nun	nber of Ch	nildre	en:	Pleas	e enter	the r	names	of y	our ch	ildren l	below:	:								
1.	Last Nar	ne:						F	First Name:						Ag	e:				
2.	Last Nar	ne:						F	irst Na	ame:							Age:			
3.	Last Nar	ne:						F	irst Na	ame:						Ag	e:			
4.	Last Nar	ne:						F	irst Na	ame:						Ag	Age:			
5.	Last Nar	ne:						F	First Name:						Age:					
CH	URCH I	NFC	RMA	TION	l															
Den	omination	n/Org	janizat	tion Aff	filiation	:														
	r Born Ag					Yea	ar Wa	ter B	aptize	d	Ye			Year Spiri	Year Spirit Baptized:					
	you the S ster?	enio	r	Yes			No:		☐ If not, who is											
	ependent:			Yes			No:	. [
How chui	long hav ch?	e yo	u beei	n assoc	ciated v	vith th	nis													
If le	ss than o	ne ye	ear, pl	ease lis	st forme	er chu	ırch(e	es):												
1.																				
2.																				
3.																				
4.																				
Are	you on pa	aid st	taff at	this ch	urch?	Y	'es:			No	:									

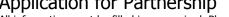
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What is your ministry position, or what service do you provide? If you are Senior Minister at this church, give the date you started this church or became its Senior Minister: What is the average Sunday morning attendance of the church? If called to the Five-fold Ministry, which is your primary calling? Please check below: Apostle: Prophet: Evangelist: Pastor: Teacher: Are you currently recognized as having the fruit of (works) and walking in the office of this calling? Or, are you emerging (developing and maturing into this office? If (for example) you are an emerging Pastor or emerging Prophet, then what other areas of ministry has God had you in for preparation? (For example: Paul and Barnabas were first called prophets and teachers in the Antioch Church before being sent out in Acts 13:2. Thereafter they were called Apostles.) When did you first sense a call to the ministry: What would you consider your primary ministry strengths? If not called to the Five-fold Ministry, then to what ministry have you been called?

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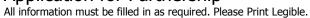
Please briefly describe what you feel your primary ministry is and the vision God has given you for it:												
How are you supported financially? If you are not supported surroutly from the ministry, then what is your present essupption?												
If you are not supported currently from the ministry, then what is your present occupation?												
Have	ou ever been	Licensed:		or, Orda	ined?							
If yes,	then by what o	hurch (es) or o	organizatio	on(s) and	when?	?						
1.												
2												
3.												
4.												
5.												
6.												
7.												
	u presently hold	credentials wi	ith any org	anization	or de	nomir	nation	?				
1.	· ,		, ,	<u> </u>								
2												
3.												
4.												
5.												
6.												
7.												
Have	our credentials	ever been rev	oked or su	ıspended	? Ye	es:		No:			If yes, please explain below:	
With v	vhat other religi	ous organizatio	ons or min	istries ha	ve you	beer	n in re	lationshi	p?			
1.									•			
2.												
3.												
	you traveled to	other nations f	or ministry	yet?	Yes:			No:			If yes, then where?	
1.						1		1	1			
2.												





3.																
4.																
5.																
If no, minist	,	e a desire to travel to the nat		No:												
Are yo	ou seeking C	hurch Covering or Networkin	ering:		Net	working): [
Enter Church Name:																
Are you seeking Apostolic/Prophetic Training? Yes: No																
Are yo	ou also seek	ing Five-fold Ministry ordinati	on from Ste	ephar	ner Mini	istries?		Yes:			No:					
Is there a Stephanie Palmer Ministries member recommending you for affiliation?																
Last N	lame			Fi	rst					Phor	ne:					
Address:																
City:			State:						Co	untry:						
Email	Address:															
Last N	Name			Fi	rst					Phor	Phone:					
Address:																
City: State: Country:																
Email	Address:															
ADDITIONAL INFORMATION If there is NOT a Stephanie Palmer Ministries member recommending you, then you need to list three (3) personal references of pastors/ministers whom we may contact that have known you for at least 2-years and can personally attest to the validity of your ministry and character:																
REFI	ERENCES															
1. Last Name						Fir	rst							M.I.		
Addre	ess:															
City:					State:			Zip C	Country				y:			
Email	Address:															
Office	Phone:					Resid	Residence/Cell Phone:									
Relati	onship to Ap	plicant:														
2 . l	_ast Name					Fir	rst							M.I.		
Addre	ess:															
City:				State:				Country:								
Email	Address:															
Office	Phone:					Resid	dence/C	Cell Pho	ne:							
Relati	onship to Ap	pplicant:														

Application for Partnership





3.	Last Name			First				M.I.			
Add	ress:										
City	:		State:		Zip Code:	Country:	Country:				
Email Address:											
Offi	ce Phone:			Residence/C	Cell Phone:						
Rela	tionship to Ap	plicant:									

This information is confidential and will be used only by the staff of Stephanie Palmer Ministries to better minister to your needs and to keep our necessary records current.

If you have any questions concerning this application, please call the office at (951) 446-5550.

Please email this completed application along with a current photo to spministries8@yahoo.com or print this application and mail it in with your current photo to:

Stephanie Palmer Ministries ATTN: **Review Board** 2130 N. Arrowhead, Suite 206-H San Bernardino, CA 92405