

STEPHANIE PALMER MINISTRIES

Application for Partnership

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



APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Title													
Street Address								Apartment/Unit #					
City				State				ZIP					
Phone				E-mail Address (required)									
Mailing Address (if different)													
City				State				ZIP					
Cell				Fax									
Emergency Phone:				Office/Work Telephone									
Gender		Male		<input type="checkbox"/>		Female		<input type="checkbox"/>					
Married Status:		Married		<input type="checkbox"/>		Single		<input type="checkbox"/>		Divorced		<input type="checkbox"/>	
Website (if applicable)													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERSONAL INFORMATION													
Name of Spouse:		Last Name:				First Name:				M.I.			
Number of Children:		Please enter the names of your children below:											
1.	Last Name:				First Name:				Age:				
2.	Last Name:				First Name:				Age:				
3.	Last Name:				First Name:				Age:				
4.	Last Name:				First Name:				Age:				
5.	Last Name:				First Name:				Age:				
CHURCH INFORMATION													
Denomination/Organization Affiliation:													
Year Born Again:				Year Water Baptized				Year Spirit Baptized:					
Are you the Senior Minister?		Yes:		<input type="checkbox"/>		No:		<input type="checkbox"/>		If not, who is?			
Independent:		Yes:		<input type="checkbox"/>		No:		<input type="checkbox"/>					
How long have you been associated with this church?													
If less than one year, please list former church(es):													
1.													
2.													
3.													
4.													
Are you on paid staff at this church?				Yes:		<input type="checkbox"/>		No:		<input type="checkbox"/>			

STEPHANIE PALMER MINISTRIES

Application for Partnership

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



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:	<input type="checkbox"/>	Prophet: <input type="checkbox"/>
Evangelist:	<input type="checkbox"/>	Pastor: <input type="checkbox"/>
Teacher:	<input type="checkbox"/>	
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?		

STEPHANIE PALMER MINISTRIES

Application for Partnership

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



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 currently from the ministry, then what is your present occupation?

Have you ever been Licensed: or, Ordained?

If yes, then by what church (es) or organization(s) and when?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Do you presently hold credentials with any organization or denomination?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Have your credentials ever been revoked or suspended? Yes: No: If yes, please explain below:

With what other religious organizations or ministries have you been in relationship?

- 1.
- 2.
- 3.

Have you traveled to other nations for ministry yet? Yes: No: If yes, then where?

- 1.
- 2.



STEPHANIE PALMER MINISTRIES

Application for Partnership

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

3.										
4.										
5.										
If no, do you have a desire to travel to the nations and minister?				Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>			
Are you seeking Church Covering or Networking:				Church Covering:	<input type="checkbox"/>	Networking:	<input type="checkbox"/>			
Enter Church Name:										
Are you seeking Apostolic/Prophetic Training?				Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>			
Are you also seeking Five-fold Ministry ordination from Stephanie Palmer Ministries?							Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Is there a Stephanie Palmer Ministries member recommending you for affiliation?							Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Last Name			First			Phone:				
Address:										
City:				State:				Country:		
Email Address:										
Last Name			First			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:										
REFERENCES										
1.	Last Name			First			M.I.			
Address:										
City:			State:		Zip Code:		Country:			
Email Address:										
Office Phone:					Residence/Cell Phone:					
Relationship to Applicant:										
2.	Last Name			First			M.I.			
Address:										
City:			State:		Zip Code:		Country:			
Email Address:										
Office Phone:					Residence/Cell Phone:					
Relationship to Applicant:										

STEPHANIE PALMER MINISTRIES

Application for Partnership

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



3.	Last Name		First		M.I.	
Address:						
City:		State:		Zip Code:		Country:
Email Address:						
Office Phone:		Residence/Cell Phone:				
Relationship to Applicant:						

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