MINISTERIAL APPLICATION

CHRISTIAN WORKER – LICENSED MINISTER
ORDAINED MINISTER – FELLOWSHIP MINISTRY

CIY Worldwide Revivals, Inc. is not a denomination, but a fellowship of ministers and churches who have united together to reach the world with the true Gospel of Jesus Christ. CIY Worldwide Revivals, Inc. is registered by the United States Government. If you are seeking fellowship with other ministers who are devoted to truly preaching the Gospel of Jesus Christ, world evangelism, revival, and the prophetic, then CIY Worldwide Revivals may be the fellowship for you.

How do I as an individual affiliate with CIY Worldwide Revivals, Inc.? There are several ways you can join our fellowship, and the avenue you choose depends on what God has called you to do.

For more information, contact:
CIY Worldwide Revivals, Inc.
P.O. Box #14043 Norfolk, VA 23518
Phone: (757) 800-1550
Email: info@ciywr.org Website: www.ciywr.org

Ministerial Credential Application

CIY Worldwide Revivals, Inc.

P.O. Box #14043 Norfolk, VA 23518 U.S.A.
Phone: (757) 800-1550

THIS APPLICATION HAS BEEN DESIGNED, SO WE CAN GET TO KNOW YOU AND YOUR MINISTRY.

I am applying for the following credentials:
_____Ordained Minister_____Licensed Minister _____Christian Worker
If ordination or licenses, which of the five-fold are you called into? (Mark one or more.)
____Apostle ____Prophet ____Evangelist ____Pastor _____Teacher

I. PERSONAL INFORMATION: (please print legibly)
Name_____ _____Male _____Female
Address _____
Phone (___)_____Fax:_____Email:_____Web Site:_____
City_____ State_____Zip_____Country_____
Birth Date_____ Age_____Married_____
If married, spouse's first name_____ Birth Mo/Day_____
How long have you been married? _____

II. MINISTERIAL HISTORY:
How long have you been Born-Again?_____
How long have you been filled with the Holy Ghost? _____
Are you in full-time or part-time ministry? _____
Explain your call or ministry, please:_____
_____
_____

How long have you been in the ministry?_____
Name of your home church?_____
Home church phone number? (____) _____
Have you previously held credentials with any denomination or fellowship?
_____Yes _____No
Do you currently hold credentials with any denomination or fellowship?
_____Yes _____No
How did you hear about CIY Worldwide Revivals?_____
_____
_____

III. RECOMMENDATIONS:

List the names and addresses of two ordained or licensed ministers who are familiar with your ministry. Then have them complete the Credential Recommendation Form and return to CIY Worldwide Revivals as soon as possible.

Name Address Telephone

1._____(____) _____

2._____(____) _____

IV. WHAT DO YOU BELIEVE?

A. Do you believe that you must be born-again to be saved? Yes_____No_____
B. Do you believe in water baptism according to Acts 2:38 and Matthew 28:19? Yes_____ No_____
C. Do you believe in the baptism of the Holy Ghost with the evidence of speaking in tongues? Yes_____No_____
D. Do you believe in the literal Second Coming of Jesus Christ? Yes_____No_____
E. Do you believe in divine healing and miracles? Yes_____No_____
F. Do you believe in the five-fold ministry: Apostle, Prophet, Evangelist, Pastor, and Teacher? Yes_____No_____

V. Yes, I will, if possible, attend the yearly CIY Worldwide Revivals Minister's Meeting. ____

I declare that all the information given is true and complete and having read all requirements on this application and CIY Worldwide Revivals Beliefs & Affirmation of Faith Statement, I will accept and abide by the same. Yes _____ No _____

Applicant's Signature_____ Date_____

VI. OTHER INFORMATION:

	Annual Donation Amount
A. A Licensed or Ordained Minister	$50.00 (*one-time app. fee $15)*
A Christian Worker	$25.00 (*one-time app. fee $15)*
A Fellowship Minister (*spiritual covering only*)	$25.00 (*one-time app. fee $15)*
A Retired Minister 65 years and older	$15.00 *(one-time app. fee $10)*

B. Please send a picture of yourself with application.

C. If applications are processed after January of each year, fees will be prorated.

CIY World Wide Revivals, Inc.

CREDENTIAL RECOMMENDATION

(This is a confidential recommendation. Please return separately as soon as possible.)

CREDENTIAL APPLICANT:

How well do you know _____ (Name of Applicant)?
_____name only _____casually _____few contacts _____ fairly well
_____ many contacts _____very well
Did the applicant serve with and/or under you in ministry? Yes____No_____
In what capacity? _____
_____
_____
What is your evaluation of the applicant?_____
_____

Ministerial Critique

To the best of your knowledge, please indicate yes/no to the following:
Is/Does the applicant?

Trustworthy	Yes ___ No ___
Faithful	Yes ___ No ___
Morally upright	Yes ___ No ___
Have a genuine call of God on his/her life	Yes ___ No ___
Attend church regularly (if not in full-time ministry)	Yes ___ No ___
Supportive of church leaders	Yes ___No ___
Pay tithes and give offerings	Yes ___ No ___
Strong in leadership qualities	Yes ___ No ___

Personal comments:_____
_____
_____

Do you recommend that the applicant receive the ministerial credentials? Yes/No
Please print name:_____Title:_____
Signed:_____Date: _____
Phone number:(_____)_____

Please email/mail to: info@ciywr.org / CIYWR, Inc. - P.O. Box #14043 Norfolk, VA 23518

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