



\* The A.C.T.S Fellowship \*  
Ministerial Profile Sheet

Mail to NLFM, Inc., ACTS Fellowship, 212 Eagle Day Ave., Columbia, MS 39429  
Phone: 601-731-1877 \* Email: TerryWeems@bellsouth.net

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**PLEASE PRINT CLEARLY**

Title:  Rev.  Bro.  Sis.  Dr.  Bishop  Pastor  Elder  Minister  Evang.  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Name Known By \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Marital Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

Spouse's Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Information: Home Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Current Status: \_\_\_\_ Licensed \_\_\_\_ Licensed & Ordained \_\_\_\_ Seeking License

What would you consider to be the beginning date of your public ministry and or when did you announce your call? \_\_\_\_\_

If applicable, how long have you been involved in Pulpit Ministry? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

If applicable, when did the Licensing or Ordination take place? (Date) \_\_\_\_\_

Who was the licensing or ordaining body? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Who or What Body officiated the ordination? \_\_\_\_\_

**(ATTACH and ENCLOSE a Copy of Ministerial Credentials.)** I do not have or receive my credentials / license.

Current Church and Pastor \_\_\_\_\_ Since (date or year) \_\_\_\_\_

Former Church and Pastor \_\_\_\_\_



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**Please Print Clearly** + **Fill Out Items Below If Applicable** + **Use Additional Pages If Needed**

What do you feel God has called you to as it relates to ministry? Office of:

Apostle Prophet Evangelist Pastor Teacher Other \_\_\_\_\_

Please list or describe your passion in ministry: \_\_\_\_\_  
\_\_\_\_\_

Do you have an established ministry of your own?  Yes  No

- If so, what is the legal name? \_\_\_\_\_
- How long has it existed? Since what year: \_\_\_\_\_ or \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.
- Is it incorporated?  Yes  No      Is it a 501c ( )?  Yes  No

What is the emphasis of your ministry? \_\_\_\_\_  
\_\_\_\_\_

What would you consider to be your strength in ministry? \_\_\_\_\_  
\_\_\_\_\_

What would you consider to be your weaknesses in ministry? \_\_\_\_\_  
\_\_\_\_\_

List any completed ministerial education AND with whom: \_\_\_\_\_  
\_\_\_\_\_

If you are currently receiving ministerial education, please list studies AND with whom: \_\_\_\_\_  
\_\_\_\_\_

Any other comment or additional information you would like for Dr. Terry L. Weems to know regarding your ministry? \_\_\_\_\_  
\_\_\_\_\_

Attach pertinent ministry information such as copies of degrees, certificates, etc.  Completed  N/A

I attest that all above statements and answers are true to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date