



*** 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

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 _____