

Worship Equippers Application Form

Thank you for your interest in partnering with Worship Equippers Ministries. Please complete this introductory application and email it to info@worshipequippers.org:

Personal Information

Full Name:		
Email Address:		
Phone Number:		
Mailing Address:		
City:	State:	Zip:
Area(s) of Interest (Check all that a ☐ Teacher (Bible, Worship Theol		
☐ Sacred Artist (Iconography, Pa	inting, Calligraphy, Digital Art,	Photography)
☐ Visual / Performing Artist		
☐ Musician (Instrumentalist, Vocalist, Worship Leader, Choir Director)		
\square Dancer/Movement Minister (L	iturgical Dance, Prophetic Mo	vement)
□ Artisan (Woodwork Sculpture	Vestments Banner Making (eramics etc)

Describe Your Gifting and Ministry Experience (Please describe your background, relevant experience, and calling. Attach additional pages if needed.) Name of Church: Please share a brief testimony about you Christian background and experience: Please briefly describe your Christian education experience to date (Training in local church, Bible College, Seminary)

Availability and Location

- ☐ Available for local ministry only
- \square Available to travel nationally
- ☐ Available for online/virtual ministry

Thank you! We will prayerfully review your submission and contact you regarding the next steps.