

RAY OF HOPE INTERNATIONAL, Inc

3108 Abelia Rd, Richmond, VA 23228 • (804) 399-9861

Application For Ministers Licensing Program

Please complete ALL information requested. (Please print or type)

Full Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Email Address _____ *Please print very carefully*

Telephone Number (____) _____ **Date of Birth** ____/____/____

Marital Status: **Married** **Single** **Divorced** **Widowed**

For which type of license are you applying? *All fees are non-refundable*

Ordained Minister \$100.00 Application Fee

Licensed Minister \$50.00 Application Fee

Have you accepted Christ as your savior?

YES **NO**

Have you received the call from God to be a Christian Minister?

YES **NO**

Are you in harmony with the doctrines of this ministry?

YES **NO**

Are you prepared to take the classes if necessary to meet the requirements?

YES **NO**

If granted a license, will you faithfully follow the guidance of the Holy Spirit and your pastor and avail yourself to serve the church?

YES **NO**

Are you appointed by the Church Board and authorized to be commissioned as a licensed minister?

YES **NO**

How have you come to sense God's call upon your life?

Do you sense a specific calling on your life? i.e.: missionary, evangelist, pastor

What type of Christian service have you been involved with in the past?

If you are a member of another church, please submit the following information:

Name of Home Church _____

Name of Pastor _____

Church Address _____

City _____ State _____ Zip _____

Church Phone # (____) _____

By applying, I agree to bind myself to all the requirements and regulations of Ray of Hope International, Inc. I also agree that in no way am I guaranteed a license unless the board and ministerial licensing committee determine that I qualify to receive one.

Signed _____

Date _____