

The River School of Ministry Application

The River in Delta
812 Main Street
PO Box 5
Delta, OH 43515
(419) 822-4493

Contact Information

Name: _____

Cell Phone: _____

E-mail Address: _____

Home Address: _____

Education

School: _____

Major if applicable: _____

Experience

Please answer these questions to the best of your ability. If you run out of room in the lines provided, please use the back or a separate piece of paper.

1) When did you give your life to Jesus and what led you to choose to follow Jesus?

2) How does your family feel about your faith and your calling to ministry?

3) Do you sense a calling to ministry? If so, how and when did you first experience this calling?

4) Describe your spiritual life? How do you maintain a living relationship with God?

4) Why do you want to participate in the River Ministry School?

5) Have you experienced serving in your church before? If yes, how?

6) What areas of ministry do you feel called to?

8) What do you consider to be your weaknesses (areas in need of growth) as they related to ministry?

9) What do you hope to gain from the River school of Ministry?

10) You are encouraged to make a personal commitment of living your life in alignment with Scripture. This includes choosing to honor God through your words and actions, avoiding behaviors like drinking in excess, sex outside of marriage, and other worldly activities that would hinder your walk with Christ. Instead, will you commit to focusing on living according to God's will and staying true to the calling that He has given you? Yes_____ No_____