

Candidate for Ministry Application



Rock Haven Ministries

P O Box 40 Hasty Arkansas 72640

(870)429-6858

General Information

Name of Applicant: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Social Security #: _____

Marital Status: (Please check all that apply)

Single Engaged Married Widowed Separated Divorced Remarried

Spouse's Name: _____

Children:

Living at Home

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other Dependents: _____ Relationship: _____

Are there any special needs or health problems with you or your Family? _____

If married, is there mutual agreement with your Spouse as to your missionary call and field of service? _____

Educational Information

	Institution	Years Attended	Certificates, Diplomas, or Degrees
High School			
College			
Graduate School			
Other			

Are you currently working on other degrees or taking other Correspondence Classes online? _____. If so, please list them below:

Financial Information

Do you owe any loans, credit cards or financial debts? _____

If so, please list all financial obligations or unpaid debts below:

Auto Loans: \$ _____ Monthly \$ _____ yrs. remaining _____
 \$ _____ Monthly \$ _____ yrs. remaining _____
 \$ _____ Monthly \$ _____ yrs. remaining _____

Home Loan: \$ _____ Monthly \$ _____

Credit Cards: \$ _____ Monthly \$ _____
 \$ _____ Monthly \$ _____
 \$ _____ Monthly \$ _____

Other Debt: \$ _____ Monthly \$ _____ Type: _____

Is anyone other than wife or children dependent upon you for support? _____

Ministry Information

Home Church: _____ Church Affiliation: _____

Church Phone: _____ Are you a member of this Church? Yes No

Pastor's Name: _____ Phone: _____ Email: _____

Have you talked with your pastor about serving with Rock Haven Ministries? Yes No

May we contact your Home Church for a recommendation? Yes No

What leadership experience do you have in church, work, school, etc. List below:

1.) _____

2.) _____

3.) _____

4.) _____

(If you need more room to list experience please list on back of this page)

Have you had any experience in trusting God to supply your needs by raising the funds?

Have you ever led someone to Christ? Yes No

On a separate sheets of paper:

- 1.) Write your testimony of your Conversion Experience.
- 2.) Write your testimony of your call to Christian Service,

Why are you considering serving Rock Haven Ministries and what Ministry would you like to do? _____

Ministry Skills

Please rate the yourself in Ministry Skills on a 1-10 scale with 10 being the best.

Role Model/ Spiritual Leadership	0	1	2	3	4	5	6	7	8	9	10
Spiritual disciplines/ (personal daily Devo's / Prayer)	0	1	2	3	4	5	6	7	8	9	10
Ability to live with and connect with people	0	1	2	3	4	5	6	7	8	9	10
Leading Bible Studies	0	1	2	3	4	5	6	7	8	9	10
Servant Heart/Willingness to do what it takes	0	1	2	3	4	5	6	7	8	9	10
Passion for Souls	0	1	2	3	4	5	6	7	8	9	10
Home Church Involvement	0	1	2	3	4	5	6	7	8	9	10

Reference Information

Present Occupation: _____
Employer's Name: _____ Email: _____
Address: _____ Phone: (____) _____ - _____

Relationships/Acquaintances

Pastor's Name: _____ Email: _____
Address: _____ Phone: (____) _____ - _____

Church Member's Name: _____ Email: _____
Address: _____ Phone: (____) _____ - _____

Friend's Name: _____ Email: _____
Address: _____ Phone: (____) _____ - _____

Friend's Name: _____ Email: _____
Address: _____ Phone: (____) _____ - _____

I have read the Procedures and Policy Manual of RHM.

I have read the Doctrinal Statement contained in Procedures and Policy Manual of RHM

In signing this application, the applicant fully agrees with the doctrinal statement, and policies of Rock Haven Ministries and the applicant understands that if accepted for work under this ministry, he\she will make monthly reports to the Administration.

Signature: _____ Date: _____