

THE MISSIONARY CHURCH
P. O. Box 9127
Fort Wayne, Indiana 46899

For Spouse of Credential Applicant

Instructions

If you are using a computer version, please complete this form, print a copy, sign, attach a photo (note the date taken) and return it to the appropriate office.

If you have a paper form, please respond to all questions on separate sheets of paper, numbering your responses. It is not necessary to repeat the questions but please include section headings. Sign the last page of this form, return the form and your responses along with a photo (note the date taken) and return it to the appropriate office.

I. PERSONAL

1. Full Name (First, Middle, Maiden, Last)
2. Address
City, State, Zip
Telephone
Email
3. Country of citizenship:
Status in U.S. if not a U.S. citizen:
4. If previously divorced, kindly give details:
5. Briefly state your support of your spouse's desire for Christian service.
6. Have you ever been a user of alcoholic beverages, narcotics or tobacco?
If yes, when and under what circumstances did you discontinue practice?
7. What is your attitude toward the above practices or other personal habits which are injurious physically or hurtful to one's influence?
8. Are you involved in unbiblical sexual relationships or activities including pornography, fornication or adultery? If so, explain.
9. Have you any homosexual tendencies or involvement in sexual relationships outside of marriage?
If so, explain:
10. Have you been involved in any sexual abuse or child abuse? If so, explain:
11. Have you been convicted of any criminal charges? If so, explain:
12. What do you understand to be your responsibilities as a partner to your spouse?
13. How important do you view the environment of your home and family life in respect to the pastoral ministry?
14. What degree of leadership do you think a spouse should exercise in the ministry of the local church?

II. EDUCATION AND VOCATION

1. Have you graduated from high school?
2. Colleges or seminaries attended: (Institution's Name, Major, Years, Graduation, Degree)
3. What is your native language?
List other languages you have studied:
List other languages you speak:
4. Vocal and instrumental music abilities and experience:
5. Vocational training taken:
6. List any experience in profession or business, i.e., secretary, teacher, etc.:
7. Your present occupation:
Name of employer -
Telephone -
Complete address -

III. CHRISTIAN EXPERIENCE

1. Date and place of conversion:
2. Upon what do you base your claim of salvation?
3. When and how were you baptized?
4. Have you had a definite experience of being filled with the Holy Spirit subsequent to regeneration?
5. Church of which you are a member:
When did you become a member?
6. Do you subscribe to the Constitution of the Missionary Church without reservation?
7. If you have reservations, explain in detail.
8. Briefly state your personal devotional habits:
9. Have you been involved in winning people to Christ? Give brief resume:
10. Have you read the history of the Missionary Church or *Merging Streams*?
11. **IMPORTANT:** Write a brief sketch of your life including your personal testimony of salvation, the filling with the Spirit, and call to Christian service. Sign and attach to this form.

Signature:

Date:

Please return this form to: