

# SI'ON MINISTRIES, INC.

PO Box 214

Cordell, OK 73632

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WEB: [WWW.SIONMIN.ORG](http://WWW.SIONMIN.ORG) E-MAIL: [SIONMIN@YAHOO.COM](mailto:SIONMIN@YAHOO.COM)

## APPLICATION FOR CREDENTIALS

I am applying for (please check one): Apprenticeship:\_\_\_\_ Ordination:\_\_\_\_

*APPRENTICESHIP is for training and on a temporary basis. This status does not allow you to perform legal ceremonies, such as weddings, funerals, etc. According to your progress as a minister and your boldness to obey the Call of God, the Si'on Board will review your application in six months and if ordination is desired, it will be considered at that time.*

*ORDINATION status allows you the full benefits and rights as a minister of the Gospel of Jesus Christ to serve as a Pastor, Chaplin, etc.*

**We ask that you send your best offering to cover processing fees along with this completed application.**

There are two (2) Recommendation Letters attached. You will need to have two (2) recognized ministers of the Gospel complete and return these to us. Be sure to provide them with a self-addressed stamped enveloped addressed to Si'on Ministries, PO Box 214-Cordell, OK 73632.

**Applications will not be considered or processed until documents have been received.**

**If you and your spouse are both applying, two separate applications must be completed.**

## PERSONAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY.

Mr./Mrs./Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Sex: \_\_ Male \_\_ Female Marital Status: \_\_ Married \_\_ Single \_\_ Widowed \_\_ Divorced

## YOUR SPIRITUAL BACKGROUND

Are you currently  Licensed  Ordained  Member of  None with another organization?  
If so, what organization? \_\_\_\_\_

Please state the date of your Salvation experience: \_\_\_\_\_

Are you Baptized in the Holy Spirit with the evidence of speaking in tongues?  Yes  No  
If not, do you desire to receive this Gift?  Yes  No

What are your spiritual giftings that you operate in? (Check the ones you operate in most frequently.)

Words of Wisdom  Words of Knowledge  Gifts of Healing  Discerning of Spirits

Prophecy  Interpretation of Tongues  Other \_\_\_\_\_

Are you called of God as an:  Apostle  Prophet  Pastor  Teacher  Evangelist

Have you had any Biblical Schooling?  Yes  No

If so, list the resources and any certificates received: \_\_\_\_\_

\_\_\_\_\_

If not, do you have a particular interest concerning training? \_\_\_\_\_

Please describe when you received your call from God and how was it confirmed?

\_\_\_\_\_

Please describe what your ministry interest are? (Youth, Prison, Street, Music, Evangelizing, Helps, Pastoral, Teaching, Organizational?) \_\_\_\_\_

\_\_\_\_\_

As a minister of the Gospel, we must maintain the highest moral and ethical standards. We want to help you through prayer and counsel if you are in bondage of any kind (sexual, drugs or medication of any kind, nicotine, alcohol, fears, mental anxiety or torment, fits of rage, control issues).

Do you feel there is any area of your personal life that would hinder your ministry at this time that you would like prayer or counsel?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL/MINISTRY CHARACTER REFERENCES

Please identify two references other than family members who have known you more than one year.

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

**YOUR COMMITMENT TO SI'ON MINISTRIES, INC.**

I, \_\_\_\_\_, believe these statements I have submitted to be true.

I am in agreement with the vision, purpose and requirements of Si'on Ministries, Inc. and agree to respect and abide by these to the best of my ability.

I agree to maintain my relationship with Father God and to be humble and ask for prayer and counsel when I see my relationship in jeopardy.

I agree to surrender my papers if my life becomes morally out of order and I do not desire to change.

I agree to be supportive to the other ministries in Si'on as part of a family, whether it be in prayer, financially, fellowship, etc.

I agree to attend the annual Fall Campmeeting and/or Spring Conference as often as possible. I will notify my Si'on family if I am unable to attend.

We do not require a yearly fee, but we do require that you keep in contact with us at least on a yearly basis to maintain your ministry papers and that you give offerings to support Si'on quarterly as God blesses you. We believe that you should tithe to your spiritual storehouse.

I prayerfully submit this application on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signed: \_\_\_\_\_

**OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRESIDENT

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
SECRETARY