

Please Check One . . .

- License to Preach and Teach Only
- Ordination to function in office of Pastor

United Christian Church and Ministerial Association

PO Box 700 Cleveland, TN 37364-0700

PH: 423.472.7271

Email: ucma@wingnet.net Web: www.unitedchristianchurch.org

Minister's Survey Data

License # _____ Class _____

Ordination Date ____/____/____

First Name _____ M.I. ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____ Phone (____) _____ Cell (____) _____

E-mail Address _____ Website _____

Age _____ Male ____ Female ____ Married ____ Single ____ Divorced ____

1. Do you have the baptism of the Holy Ghost according to Acts 2:4? Yes _____ No _____
2. Are you free from tobacco, alcohol and drugs? Yes _____ No _____
3. Do you believe in the gifts of the Spirit? (1 Corinthians 12:7-11) Yes _____ No _____
4. What is your calling in the ministry? (Ephesians 4:11) Pastor ____ Evangelist ____ Helps ____ Missionary ____ Teacher ____

Music ____ Street Ministry ____ Prison Ministry ____ Other ____ Explain: _____

5. How long have you been a Christian? _____ Months _____ Years
6. Are you enrolled in our Bible study course? Yes _____ No _____
7. Do you and/or will you tithe to the Lord's work? (Hebrews 7) Yes _____ No _____
8. Do you understand that the United Christian Ministerial Association is interdenominational and all of our ministers may not agree on all points of doctrine? Yes _____ No _____
9. Are you a pastor? Yes _____ No _____
10. What is the name of the church you pastor or attend? _____

I will humbly and sincerely work for the Lord. I affirm that I will live and preach Bible holiness.

Signature of Applicant _____ Date ____/____/____

YOU MUST HAVE TWO MINISTERS TO SIGN AS REFERENCES BELOW.

MINISTERS: By signing below you verify that you know this individual personally and believe him/her to live a life above reproach and that he/she is morally and spiritually qualified for the Ministry of Jesus Christ.

PRINT NAME AND ADDRESS CLEARLY BELOW

PRINT NAME AND ADDRESS CLEARLY BELOW

Ministers License Number _____

Ministers License Number _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____ Country _____

State _____ Zip _____ Country _____

Email _____

Email _____

Please complete this application for our consideration for license or ordination. Please attach a recent photo of yourself for our records. This offering is not to purchase a license, but will help to pay postage and other processing fees. We will inform you of our decision and give you further instructions, if necessary. You may call 423-472-7271 for more information.