



PETE NORRIS MINISTRIES, INC.

P.O. Box 2 Goldsboro, NC

27533-0002

Application

1. Attach a CURRENT PHOTO (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed and individual photographs attached.

2. Please attach membership fee payment to this form.
(Application will be not processed without payment.)

PLEASE ATTACH
PHOTO HERE

Please check method of payment:

(Please make Money Order or Check payable to Pete Norris Ministries, Inc.)

Money Order Check

3. PLEASE TYPE or PRINT CLEARLY. (If a question does not apply, type or print DNA.)

4. I am applying for: Ordination License (Check all that apply.)

PERSONAL DATA

Please print or type information

Mr./Mrs./Ms. _____

Name (Last) (First) (Middle) (Maiden Name)

Apt _____

Present Address _____

City State Zip _____

Social Security Number _____ - _____ - _____ Phone: () _____ - _____

Fax Number: () _____ - _____ E-Mail Address: _____

U.S. Citizen: Yes No If no, Country of Citizenship: _____
(If permanent resident alien, please enclose copy of green card.)

Sex: Male Female Date of Birth: _____ / _____ / _____ Age: _____

Marital Status: Engaged* Married Single Divorced* Separated**

* If you are currently engaged, please send us written confirmation once you are married, so we can update our records accordingly.

** Please give thorough and complete details on separate sheet of paper.

Name of Spouse or Fiancé(e): _____
 Date of marriage, present or proposed: _____
 Is your spouse or Fiancé(e) saved? _____ Yes _____ No
 Is your spouse or Fiancé(e) filled with the Holy Spirit with the evidence of speaking in tongues? _____ Yes _____ No
 Is your spouse or Fiancé(e) in full support of your call to ministry? _____ Yes _____ No
 If not, why? _____

CHURCH AFFILIATION AND REFERENCES

List the name of the church you currently pastor or attend.

 Name of Church Senior Pastor () Phone

 Street Address City State Zip

How long have you attended this church? _____ Yr(s) _____ Month(s)
 If less than one year, list the name of the church you formerly attended, including pastor's name, address, and phone number. Also, list how long you attended and your reason for leaving.

On a separate sheet of paper, briefly explain your involvement in your local church. If you are not currently involved in your local church, please BRIEFLY explain on a separate sheet of paper.

PERSONAL MINISTRY CHARACTER REFERENCES

(Please identify someone other than a family member whom you have known for more than a year.)

 Name Address Apt

 City State Zip () Phone

 Name Address Apt

 City State Zip () Phone

YOUR MINISTRY

Do you have a definite call of God on your life to enter the full-time ministry? ____ Yes ____ No

BRIEFLY explain when, how and why you know you are called of God.

Are you presently or have you ever been licensed or ordained? ____ Yes ____ No

If so, please list the denomination/organization and date credentialed. (Please attach a copy of credentials.)

If you are leaving or have left this denomination/organization, please explain why:

Identify the area(s) of fivefold ministry in which you are called by God:

Do you agree with the PNM, Inc. Statement of Faith? ____ Yes ____ No

(If you disagree with any point, please explain on a separate sheet of paper.)

Why do you want to join PNM, Inc. and how can PNM, Inc. help you in your ministry?

Explain:

How did you hear about PNM, Inc.?

Have you previously submitted an application to PNM, Inc. ____ Yes ____ No

If so, when? _____

YOUR SPIRITUAL PILGRIMAGE

Date you were saved: _____ / _____ / _____

Where you raised in a Christian home? ____ Yes ____ No

BRIEFLY relate your conversion experience:

Date you were baptized by immersion: _____ / _____ / _____

Date you were baptized with the Holy Spirit with evidence of speaking in tongues: _____ / _____ / _____

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? ____ Yes ____ No

If yes, please explain:

Do you currently use tobacco, alcohol, or illegal drugs? ____ Yes ____ No
If so, please explain on a separate sheet.

Are you familiar with the ministry of Pastor Pete Norris? ____ Yes ____ No

Have you read any of his material or listened to his tapes? ____ Yes ____ No

YOUR VISION

In an effort to understand your vision concerning your ministry, please attach a one-page typed essay.

EDUCATIONAL HISTORY

(Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/ Technical 1 2

College: 1 2 3 4 Bible School Associate Bachelor Master's Specialist Doctorate

List all higher educational institutions attended and degree earned.

Name of School

Dates

Major

Diploma/Degree

CONTINUING EDUCATION

- I understand each year that I am required to take one Continuing Education Course via correspondence with any accredited school, one course dealing with Bible and Ministry.
- I realize I will have one year to complete this optional course of study.
- I acknowledge that the purpose of Continuing Education is for me to stay on the cutting edge of ministry. This course of study will assist me in private devotion, along with ministerial preparation.

Signature

STATEMENT OF TRUTH

I understand that all items submitted to PNM, Inc. as part of the application process become the permanent property of PNM, Inc. and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I grant PNM, Inc. and its leadership permission to verify the information provided on this application.

I hereby state that all the information contained on this application is correct and true. If PNM, Inc. is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation.

Signature

Date

Be sure to review your application before mailing. Incomplete applications will be returned to you for completion.

For Office Use Only

Approved: _____ Disapproved: _____

President

Date