



# HILTON HEAD ISLAND MINISTRY

## CREDENTIAL APPLICATION

### PERSONAL PROFILE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Email \_\_\_\_\_

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

How long have you been saved? \_\_\_\_\_ Are you Spirit filled? \_\_\_\_\_

Name of local church you attend \_\_\_\_\_

List Pastor's name, phone number and email: \_\_\_\_\_

\_\_\_\_\_

Are you in active ministry now? \_\_\_\_\_ If so, describe your ministry: \_\_\_\_\_

\_\_\_\_\_

How long have you been called to minister? \_\_\_\_\_

Were you recommended to HHIM by someone? \_\_\_\_\_ If so, who? \_\_\_\_\_

Do you agree with the beliefs of HHIM? \_\_\_\_\_ (Please visit our website's "About Us" section to explore our core beliefs).

### DESIRED CREDENTIAL

I am applying for the following credential (choose one):

Helps Minister \_\_\_ Licensed Minister \_\_\_ Ordained Minister \_\_\_ Ordained Bishop \_\_\_

Choose One Option Below:

1. I agree to partner with HHIM for \$25.00 per month (or \$35.00 for married couples) in order to remain in good standing with HHIM \_\_\_\_\_ (Yes/No)
2. I agree to become a tithing member of HHIM. If choosing this option I understand that I will not be required to also partner in option one. \_\_\_\_\_ (Yes/No)



## RECOMMENDATIONS

Please list three persons who have personal knowledge of you and your ministry work. At least one of your references should be a minister.

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Email \_\_\_\_\_ Please explain your relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Email \_\_\_\_\_ Please explain your relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Email \_\_\_\_\_ Please explain your relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE

The answers I have written on this application are truthful and I understand that Hilton Head Island Ministry reserves the right to accept or decline this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_