Application for Ordination

Levite Ministry, Inc., Lakeland FL.

A nonprofit 501(c)3 Religious Organization

NAME:

Last Middle First

HOME ADDRESS:

Street City State/Zip

MAILING ADDRESS if different:

Street City State/Zip

PHONE:

Day Evening

( ) ( )

EMAIL ADDRESS:

RELIGIOUS AFFILIATION

(please include the full name of the institution you attend, if any, and the full name of that institution's affiliation)

EDUCATION:

Please Circle the highest grade completed: HS Undergrad Graduate Doctorate

Additional Certifications:

EXPERIENCE:

Please list all service and ministry experiences that exceed 20 hrs/each. Include length of time:

Length:

Length:

Length:

Length:

Length:

Length: