

Word of Life Fellowship

SPIRIT Training Application for Enrollment

Name: _____ Date: _____

Telephone: _____ Email: _____

1. What is the main reason you would like to be considered for entrance into **SPIRIT Training**?

2. Do you have any questions about the Handbook's contents and expectations?

3. Have you ever been part of a Ministers program? _____ If yes, please provide a brief description of your ministries, your capacity in those ministries and how long you were part of each ministry.

4. Please list your pastor's name, and the name, address and phone number of your church, so we can contact them.
