



**Breath of The Spirit Ministries, INC.
ORDINATION APPLICATION FORM
CONFIDENTIAL**

Please print information completely and clearly.

Personal Information							
Full Name Last:		First:			M.I.:	Maiden Name:	
Address:			Apt/Unit #:		City:	ST:	Zip:
Home#:		Cell #:		Business#:		Skype:	
Are you a U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	DOB: / /	Gender: Female Male		*Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>		Occupation/Retired:	
				Spouse's Name (if applicable):			
<i>*If currently engaged, please send written confirmation once married to update our records</i>							
E-mail Address:						Website:	
Do you have a Criminal Background? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever had a background Check? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you current with your bills? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, please explain:					If No, please explain:		
Church Affiliation and References							
Name of Church you Pastor/Attend:				Length of time attended (years):			
Your Senior Pastor:			Church Phone:		Fax:	Website	
Church Address:			City:		ST:	Zip:	
Do you Tithe? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you Tithe 2% or 10% to Breath of the Spirit Ministries once Ordained? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please list your known Spiritual Gifts? (use the back of this form if necessary)				
Personal Ministry/Character References							
<i>*Please identify 3 (three) individuals other than a family member whom you have known for more than 1 (one) year.</i>							
Name:		Home &/or Cell#:					
Address:		City:			ST:	Zip:	
Name:		Home &/or Cell#:					
Address:		City:			ST:	Zip:	
Name:		Home &/or Cell#:					
Address:		City:			ST:	Zip:	
Your Spiritual Journey							
Date Save:		Were you raised in a Christian Home? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date Baptized: / /		
Briefly relate your Conversion experience:				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 <input type="checkbox"/> No <input type="checkbox"/>			
				If Yes, please explain:			
<p>Applicants meeting the necessary requirements will come to the ordination service prepared to be a part of Breath of The Spirit Ministries, Inc.</p> <ol style="list-style-type: none"> 1. All levels of written homework requirements 2. All levels of Dream Interpretation requirements 3. \$30.00 Monthly partner and a 2% monthly tithe... if we are your church and spiritual covering a 10% tithe will be appreciated 							



**Breath of The Spirit Ministries, INC.
ORDINATION APPLICATION FORM
CONFIDENTIAL**

Please print information completely and clearly.

Having a call of God on your life to extend His Kingdom, make disciples, and set the captives free. Return the completed application along with the non-refundable fee of \$150.00: provide two recommendations as shown below, neither of which are related to you or any family members.	
Attach a current photo (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed with individual photos. If emailed, photo needs to be in a .JPEG format	
Ministry Recommendation	To be completed by your Pastor or a credentialed minister that has known you for 3 or more years. If a Pastor's letter is not available and Breath of The Spirit is your church we are happy to serve as your pastors so please begin tithing a full 10% tithe instead of a 2% upon your application approval.
Personal Recommendation	To be completed by a friend or someone who has known you for 3 or more years

Ministry and Personal recommendations must be sent directly to: Breath of The Spirit Ministries, INC. These recommendations are confidential. They must be returned to us by the one supplying the recommendations. Applications and recommendations are not to be sent to us together. Please send to sandybos@sbcglobal.net. If no email capability, please mail it to P.O. Box 820653, North Richland Hills, TX. 76182.

Benefits: As a legally ordained clergy member you will be permitted to:

- Legally perform wedding ceremonies in all 50 states; some areas may require registration before conducting wedding ceremonies
- Share your personal religious beliefs with others
- Earn the respect accorded members of the clergy
- Qualify for tax free status as a religious order [check with the IRS beforehand]
- Legally charge for the religious rites you perform including weddings, funerals, services, etc.
- Establish a church, Ministry or home-group
- Conduct religious ceremonies and rites as a legally ordained member of the clergy
- As an ordained Pastor, Minister: Clergy Members receive preferred treatment, and price discounts
- Bring hope and faith to those in prison

Types of Ordination

Please indicate the title or office callings you desire to be noted on your Ordination papers. Choose the type of Ordination or combination of giftings from the list below.

- Ministry
- Prophetic
- Apostolic
- Dream interpretations
- Healing
- Deliverance
- Missionary Outreach
- Evangelism
- Counseling
- Pastor
- Intercession
- Teacher
- Ministry of Helps
- Market Place Minister Entrepreneur
- Creative Ministry, flags, dance, art, painting, writing, movies, graphic design etc.
- Other Please specify in writing _____
- Please indicate if you would like to be ordained in more than one category.

Checklist:

- Form of non-refundable payment (\$150.00) Check Credit Card Money Order Cash
- Application
- Photo (head & shoulders only)



Breath of The Spirit Ministries, INC.
ORDINATION APPLICATION FORM
CONFIDENTIAL

Please print information completely and clearly.

Your Vision

In an effort to understanding your vision concerning your ministry, please describe briefly your vision in a one-page typed essay and what you expect God to do through you.



Breath of The Spirit Ministries, INC.
ORDINATION APPLICATION FORM
CONFIDENTIAL

Please print information completely and clearly.

Highest Education Attained		
<i>List the highest level of educational institution attended and highest degree/level earned</i>		
Name of School:	Date:	Degree/Diploma/Major:
Your Ministry		
When and how did you receive the call of God on your life to enter the full-time ministry? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please explain God's leading and direction in your life in the box below (or on the back):		
Are you presently or have you ever been ordained? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Organization:
Identify the area(s) of five-fold ministry, according to Ephesians 4:1, in which you are called by God:		
Transfer Ordination from:		
I agree with the Statement of Faith? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Statement of Truth		
I understand all items submitted to Barbie Breathitt and Breath of the Spirit Ministries, INC. are part of the application process; becoming the permanent property of Breath of the Spirit, Ministries, INC and will not be returned. This application will be held in confidence. Only those persons with a need to know basis will review it.		
I grant permission to Breath of the Spirit Ministries, INC and Barbie Breathitt Ministries and its leadership to verify the information provided on this application. I hereby state that all the information contained on this application is correct and true. If Breath of the Spirit Ministries finds that any of the information contained on this application is false, it will be grounds for immediate cancellation and revocation.		
Signature: _____		Date: _____
<i>Review your application before submitting. Applications will not be processed until all required documents are received.</i>		
For Office Use Only		
Approved with comment:		Not Approved with comment:
Full Application Received : Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Recommendation letters Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Ordination Date scheduled:	Background Check: Pass <input type="checkbox"/> Not Pass <input type="checkbox"/>	Photo Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved by:		
Office Notes/Comments:		