



# Apostolic Faith International University

1547 E. Pastorius Street - Philadelphia, PA 19138

Tel: (800) 590-1093 - Email: [info@afiu.org](mailto:info@afiu.org)

## Ministry Life Experience Evaluation

### Personal Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

HIGH SCHOOL GRADUATE: (circle) YES \_\_\_ NO \_\_\_ IF NO, GED? YES \_\_\_ NO \_\_\_

### SCHOLASTIC INFORMATION

COLLEGES ATTENDED: \_\_\_\_\_

COLLEGE DEGREE: YES \_\_\_ NO \_\_\_ IF YES, WHAT DEGREE \_\_\_\_\_

CERTIFICATES, DIPLOMAS, EARNED AND WHERE? \_\_\_\_\_

### MINISTERIAL INFORMATION

ARE YOU: (Check) A LICENSED MINISTER \_\_\_ AN ORDAINED MINISTER \_\_\_

IF SO, WITH WHOM? \_\_\_\_\_

WHAT IS YOUR MINISTRY GOAL? \_\_\_\_\_

ON THE FORM PROVIDED, WRITE OUT YOUR MINISTERIAL - SECULAR RESUME.

School Site – City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

