



CHRISTIAN
WOMEN
CONNECTION

PreachHER Platform Application

Contact Information:

First Name: _____ Last Name: _____

Title: _____ Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Experience:

Are you currently serving in ministry? _____

What is your current role and title for your ministry service?

How long have you served in this current role: _____

What is the name of the church and or ministry:

How many years of ministerial experience do you have in total (combined titles and roles):

Education:

Highest Level of Education Completed: _____ Graduation Date: _____

Degrees Earned:

What was the name of the last school where you completed your studies:

Credentials:

1. Are you currently ordained or hold ministerial licensure? _____

***If you answered YES above, please answer the following questions:*

1A. Please circle which credentials you hold: Ordination / Ministry License

1B. What year were you ordained/licensed? _____

1C. Are you ordained/licensed in the Church of God Movement? _____

1D. If you answered no to 1C, what church agency holds your credentials?

2. If you are not ordained/licensed, are you currently licensed or working towards a licensure/ordination? _____

***If you answered YES above, please answer the following questions:*

2A. What year did you start the process? _____

2B. When do you expect to finish the process? _____

2C. Are you currently in school for ministry? _____

If yes, please indicate below: Where you attend school, what degree are you working towards, and what is your expected graduation date?

Other Information:

Is there any other pertinent information that you would like to share with CWC regarding your education, experience, credentials, or your call to ministry?

References:

Please provide at least 2 references below.

Full Name	Relationship	Length of time known	Email	Phone

Please print and sign your signature below:

I acknowledge that all information given in this application is accurate and true to the best of my knowledge.

Print Name

Date

Signature of Applicant

Date

Please return this completed application form to hello@wchog.org along with a headshot/photo of you and a picture of your ordination/licensure card or certificate if applicable.