



CHRISTIAN WORKER CERTIFICATE APPLICATION

APPLICANT INFORMATION

Date:		
Name:		
Current address:		
City:	Prov.	PC:
Email:	Phone:	Cell:

HOME CHURCH MEMBERSHIP/CITY

Church Name:	
Church City:	
Ministry Title:	

SIGNATURES

I authorize that I will return the Church Worker Certificate upon resignation or termination from a FEB Central church.

Applicant's Signature: _____

ENDORSEMENTS

Note of endorsement from church council or board affirming the applicant's appointment to vocational ministry:

Church Board Member Signature: _____