

IGNITE TRANSFORMATION COLLEGE

5342 Clark Rd # 1299 - Sarasota, FL 34233
Tel: (971) 438-8751 - Email: info@itclms.org

MINISTERIAL / SECULAR RESUME

NAME: LAST: _____ FIRST: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

List your ministry and secular work beginning from today's date, going backward in time to the start of your work/ministry history. Be sure to include all history on your resume. Use additional pages if needed.

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

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From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

Form is to be attached to the Ministerial Life Experience Evaluation form and given to the Ignite Transformation College Administrator for the student file.