

IGNITE TRANSFORMATION COLLEGE

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

