

Church Planter Application Form

Return to: NWMN Attn: Church Planting 35131 SE Douglas St Suite 200
Snoqualmie, WA 98065 - or - Superintendent@northwestministry.com



Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____

E-mail: _____

Name of spouse, if married: _____

Names and ages of children, if applicable: _____

Name of Church Plant, if determined: _____

1. Do you hold AG Ministerial Credentials? _____

2. If married, to what extent does your spouse support you in planting a church?

3. Where would you like to plant a church and why? (What people group do you hope to reach?)

4. What steps have you taken toward planting the church? (Meeting yet? Launch date?)

5. Do you have a supporting/parent church or pastor? If so, who and describe the relationship.

6. Give a summary of your employment experience: (secular and Christian)

7. Give a summary of your ministry experience:
