



## 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: \_\_\_\_\_