



THE REVIVAL NETWORK

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Application

Attach a recent photograph for your application to be processed

- 1. Name _____
- 2. Address _____
- 3. City _____
- 4. State _____ Zip _____
- 5. Birth Date _____
- 6. Gender: Male Female

7. Home Phone # _____

8. E-mail Address _____

9. Marital Status:

- Single Engaged* Married Widowed
- Remarried** Separated** Divorced**

* Confirm in writing when married.

** Give thorough and complete details on a separate sheet of paper.

10. Name of Spouse or Fiancé(e) _____

11. Wedding Anniversary Date _____

12. Name of Employer _____

13. Office # _____

14. Name of Home Church _____

Address _____

City _____ State _____ Zip _____

Pastor _____

Telephone _____ E-mail _____

15. Do you attend and support your home church regularly? Yes No

16. Two Personal Recommendations:

Please use someone other than a relative, who has known you well for at least one year and is acquainted with your ministry gifts and history of your ministry. Please include other ministers and church leaders.

NAME	PHONE	E-MAIL		
_____	_____	_____		
ADDRESS	CITY	STATE	ZIP	
_____	_____	_____	_____	
NAME OF CHURCH OR MINISTRY	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____

IN WHAT CAPACITY DO YOU KNOW THIS PERSON?

NAME	PHONE	E-MAIL		
_____	_____	_____		
ADDRESS	CITY	STATE	ZIP	
_____	_____	_____	_____	
NAME OF CHURCH OR MINISTRY	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____

IN WHAT CAPACITY DO YOU KNOW THIS PERSON?

17. Were you raised in a Christian home? Yes No

18. Briefly share your salvation/conversion experience (include date) _____

19. Are you baptized in the Holy Spirit with the evidence of speaking in tongues? Yes

No

20. What was the date you received _____

21. Are you currently licensed or ordained? Yes No

22. Have you ever been licensed or ordained? Yes No

23. If so, please list denomination/organization & date credentialed.
(Please send copy of credentials)

24. Are you in the full-time ministry? Yes No
(In other words, do you make your living completely by the ministry?)

25. Are you on the staff of a local church? Yes No

26. If not full-time, approximately how many times a year do you minister? _____

27. What is your present ministerial involvement?

- Pastoral Missions
- Evangelistic Teaching
- Youth/Children Other (specify) _____
- Music _____

28. Describe your personal involvement in the ministry during the past several years.

29. Are there any other ministry organizations that have influenced your Christian development?

30. What areas of ministry would you like to be involved in within the coming years?

31. What is your plan for the proper growth and facilitation of this calling?

32. How can the Network help you in your ministerial and spiritual growth?

33. Would you be interested in attending (short term or long term) *The Revival Training Center*?

Yes No

34. Do you have any giftings (administration, financial, management, music etc.) that you might consider contributing to the growth and expansion of *The Revival Network*?

Yes No

35. Have you ever attended the outpouring services held at Smithton or Kansas City?

Yes No

36. How did you hear about *The Revival Network*?

37. Why do you want to join *The Revival Network*?

38. Education

Name and Location	Graduated	Years Completed	Degrees Achieved
High School _____ _____		yes/no	_____
College(s) _____ _____		yes/no	_____

If you have any other pertinent information that you feel like you need to share with us, please attach it to a separate sheet of paper and send it in with your application.

Signature

Date

Individuals applying for the Certified Worker, Licensed or Ordained Level will need to fill out an additional form upon approval.

Please send your completed application and the appropriate* annual membership fee to:

The Revival Network
P.O. Box 11678
Kansas City, MO 64138

All applications for membership shall be carefully considered by the membership committee. Applicants will be subsequently notified of the committee's judgment. If the applicant is not accepted into *The Revival Network*, any previously paid membership dues shall be refunded.

* Student: \$50.00, Friend: \$100.00, Ambassador \$200.00, Certified, Licensed and Ordained: \$200.00
Membership dues can be broken into quarterly or biannual installments upon request, if needed.