



Apostle Training/Mentoring Program



Personal Profile

Date _____

Ministry or Church Name _____

Address _____

City/St/Zip _____

Your Name _____

Address _____

City/State/Zip;

Social Security# N/A _____

Date of birth _____ Year _____

Phone numbers _____

e-mail address _____

Marital Status:

Single (never married), divorced, separated, widowed;

Husband/Wife's name _____

Nationality _____

Educational Background:

High school _____ Year Graduated _____

College _____ Location: City _____ State _____

Degree _____

Year graduate _____

College _____ Location City _____ State _____

Degree _____ Year graduated _____

College _____ Location City _____ State _____

Degree _____ Year graduated _____

Ministry Background:

Years saved _____ Years in ministry _____

Describe your primary ministry:

Pastoral, Teaching, Prophetic, Evangelistic, Apostolic, Administration, Intercession, Musician, Helps.

Explain what areas of ministry you have been involved in the past:

With what organization or churches _____

Are you a licensed Minister? _____ If so, when _____

Licensed by what ministry or church _____

Questions:

1. What do you consider your two greatest weaknesses, and what are you doing to correct them?

2. What do you consider your two greatest strengths and how do you use them or plan to use them?

3. Give your three (3) main reasons for wanting to be in the Training/Mentoring Program.

- _____
- _____
- _____

4. What fears/anxieties do you have about your ministry?

5. Give a brief explanation of who Jesus Christ was, is, and will be.

6. Give a brief statement of what you believe the baptism of the Holy Spirit to be, and your personal experience with this, if any.

7. What is the one thing that you think can best prepare you for Christian ministry?

8. Describe the gifts of the Holy Spirit that operate regularly in your life, if any.

9. Describe your previous ministry experience, if any.

10. Do you pay tithes? _____ If not, why not? _____

11. Describe (in your own words) what your expectation of the Training/Mentoring will be.

12. When are you available for prayer? Monthly/day _____ time _____

13. What type of support do you feel you will need from the Training/Mentoring?

Email completed profile to: Pastor@newgateintl.org

or mail to:

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