

**Deborah's Women in Ministry, Inc. (DWIM) of Greater Hampton Roads**  
**P.O. Box 857 ♦ Suffolk, VA 23439-0857**



Judges 4:4-5

(Please type or print this application using a **black** ballpoint pen. Mail to the address listed above.)

Date of Application \_\_\_\_\_

**PART I**

**APPLICANT**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYMENT**

Employer \_\_\_\_\_ Position Held \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART II**

**EDUCATION**

High School                       GED

College \_\_\_\_\_ Degree Received \_\_\_\_\_ Date Graduated \_\_\_\_\_

College \_\_\_\_\_ Degree Received \_\_\_\_\_ Date Graduated \_\_\_\_\_

Seminary \_\_\_\_\_ Degree Received \_\_\_\_\_ Date Graduated \_\_\_\_\_

Honorary Degree \_\_\_\_\_ Other Awards \_\_\_\_\_

**PART III**

**RELIGIOUS AFFILIATIONS**

Church Membership \_\_\_\_\_ Position in Church \_\_\_\_\_

How long have you held membership with the above named church? \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Denomination \_\_\_\_\_ Pastor's Name \_\_\_\_\_



Are you a pastor? Yes \_\_\_ No \_\_\_ If yes, how long have you served as pastor? \_\_\_\_\_

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_



Are you the *founder* of a particular ministry? Yes \_\_\_ No \_\_\_

Name/Type of Ministry \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PART IV**

**MINISTERIAL STANDING**

**Check those that apply:**

Aspiring the Ministry      Date \_\_\_\_\_  
Place \_\_\_\_\_

Student in Care Status      Date \_\_\_\_\_  
By Whom \_\_\_\_\_  
Place \_\_\_\_\_

Licensed Ministry      Date \_\_\_\_\_  
By Whom \_\_\_\_\_  
Place \_\_\_\_\_

Ordained Ministry      Date \_\_\_\_\_  
By Whom \_\_\_\_\_  
Place \_\_\_\_\_

**NOTE:** A copy of the applicant's *student in care status, license, and/or ordination certificate* must be submitted with the application.

**Explain and describe your ministry:**

---

---

---

---

Type a one page essay on why you want to become a member of DWIM. Also include in the essay what you have to bring to this ministry. (A blank sheet of paper is included for your convenience.)

What talents/gifts or skills do you have to offer Deborah's Women in ministry?

---

---

---

Are you involved in community services? Explain. \_\_\_\_\_

---

---

List other organizations that you are currently affiliated with \_\_\_\_\_

---

\_\_\_\_\_  
Applicant's Signature

**THIS SECTION TO BE COMPLETED BY DWIM'S REVIEW COMMITTEE ONLY**

---

Applicant's Ministerial Credential (s) Attached, please circle *Yes* or *No*  
(If no, a letter from the applicant's pastor/leader is required explaining her standing.)

Application Fee (\$25) included with Membership Application, circle *Yes* or *No* and the amount  
\$ \_\_\_\_\_

Membership dues are \$25 monthly or \$300 annually.  
(Membership dues must be paid in order to remain in good standing with the Organization.)

**APPLICATION APPROVED:**    **YES**         **NO**

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date