



## Cascadia Northwest Theological Seminary

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### Ministry Life Experience Evaluation

Personal Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

HIGH SCHOOL GRADUATE: (circle) YES \_\_\_ NO \_\_\_ IF NO, GED? YES \_\_\_ NO \_\_\_

### SCHOLASTIC INFORMATION

COLLEGES ATTENDED: \_\_\_\_\_

COLLEGE DEGREE: YES \_\_\_ NO \_\_\_ IF YES, WHAT DEGREE \_\_\_\_\_

CERTIFICATES, DIPLOMAS, EARNED AND WHERE? \_\_\_\_\_

### MINISTERIAL INFORMATION

ARE YOU: (Check) A LICENSED MINISTER \_\_\_ AN ORDAINED MINISTER \_\_\_

IF SO, WITH WHOM?: \_\_\_\_\_

WHAT IS YOUR MINISTRY GOAL?: \_\_\_\_\_

ON THE FORM PROVIDED, WRITE OUT YOUR MINISTERIAL - SECULAR RESUME.

School Site – City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

