



**LIFESTYLE INTERNATIONAL
CHRISTIAN UNIVERSITY
HEAD OFFICE**

MINISTRY LIFE EXPERIENCE FORM

1. PERSONAL INFORMATION

Student Name:	Student ID:
Date:	Signature:

2. MINISTRY EXPERIENCE NO. 1

Your Involvement: <i>(PLEASE CHECK ONE)</i> <input type="checkbox"/> Pastoring <input type="checkbox"/> Evangelism <input type="checkbox"/> Missionary <input type="checkbox"/> Teaching <input type="checkbox"/> Lay Minister <input type="checkbox"/> Youth <input type="checkbox"/> Children <input type="checkbox"/> Helps <input type="checkbox"/> Music–vocal–instrumental, which? _____ <input type="checkbox"/> Radio / TV <input type="checkbox"/> Counselling <input type="checkbox"/> Other _____	
Church/Ministry Name and Denomination, if any:	
Church/Ministry Address:	City:
Region/district:	Post Code:
Country:	Telephone No:
Supervisor <i>(Name and Title)</i> :	
Your Title	Duration: from _____ to _____
Your Duties and Responsibilities:	
Accomplishments:	

***Please make additional copies of this form as needed.
You may also attach extra sheets for further explanations.***



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