

DAUGHTER
WORK
APPLICATION



NORTH AMERICAN MISSIONS UPCI
MISSISSIPPI

MOTHER CHURCH PASTOR INFO:

Date of Application: _____ City/Community of Focus: _____

Pastor's Name: _____ Church Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email Address: _____

1. Why are you interested in this area? _____

Population of Area: _____ Nearest UPC Church: _____
How far?

2. What Section is City/Community in? _____ Sectional Presbyter: _____

3. Do you know any Pentecostals in this area? () Yes () No _____

4. Do you have family or friends in this area? () Yes () No _____

5. How do you feel about accepting people from other UPC churches? _____

6. Where do you plan to have church or Bible studies? _____

7. Who do you consider your Pastor? _____

8. How long have you been Pastor of the Mother Church? _____

9. How long have you been involved in ministry? _____

Describe types and duration of ministry history: _____

10. What is the minimum length of years you feel a minister should stay with a church plant before moving to another work? _____

11. Will you cooperate and be involved with the N.A.M. Department? _____

12. Are you in cooperation with the financial plan of your district? YES NO

DAUGHTER WORK PASTOR INFO (if different from mother church pastor):

18. Name: _____ Address: _____

City: _____ Zip: _____ Home Telephone: _____

Cell: _____ Email Address: _____

How long has the D.W. pastor been working with the Mother Church Pastor? _____

How long has this D.W. site been a preaching point? _____

How many have received the Holy Ghost and been Baptized since work was started? _____

What is the average attendance of D.W.? _____

HAVING ANSWERED THE PRECEDING QUESTIONS TO THE BEST OF MY KNOWLEDGE, I PLEDGE, IF APPROVED, TO COOPERATE WITH THE MISSISSIPPI DISTRICT OF THE UNITED PENTECOSTAL CHURCH INTERNATIONAL, AND TO LABOR FAITHFULLY TO ESTABLISH A VIABLE CHURCH IN THE AREA OF MY BURDEN.

Signature of Applicant *Date*

Signature of District NAM Director *Date*

Signature of District Superintendent *Date*

N.A.M. Board Approval: () Yes () No Date: _____