



Application for Mentoring

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Church or fellowship \_\_\_\_\_

What ministries are you currently involved in?

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What is your major ministry burden (vision, message) now?

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Do you believe you are called to the five-fold ministry (Eph. 4:11, 12)?

Apostle  Prophet  Evangelist  Pastor  Teacher  Not sure yet

Please write a summary of your specific goals for your ministry (use extra paper if necessary)

Check if you are willing to make a 6 month commitment

Signature:

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

Send your completed application to [dreams@sanctuaryfellowship.org](mailto:dreams@sanctuaryfellowship.org)

Or mail to: Kingdom Training Institute, 2175 Allen St., Rahway NJ 07065