

APPLICATION

For

UNITY NET-SPHERE OF INTERCESSORS (UNI Licensure)

And/or

Rise-Up ONE UNITED VOICE / ABBA- EMA Spiritual Parenting Family

Applicants are asked to fill out the application completely and return it to:

Rise-Up ONE UNITED VOICE
P.O. Box 1073
Intercession City, FL. 33848
oneunitedvoicefl@gmail.com
352-514-9693

All information given is considered CONFIDENTIAL.

General Information

Applying for: Membership____ Certification____ Licensure ____

Ordination____ Spiritual Parenting_____

Date: _____ Gender: Male____ Female_____

Name: First _____ Middle ____ Last_____

Maiden: Name _____ Birthdate: _____

Address: _____ City _____

State____ Zip_____ Phone: _____

Email: _____

Mailing Address if different:

Address: _____ City_____

State____ Zip _____

Marital-Status: Single ____ Married ____ Divorced ____ Widowed ____

Spouse's Name: _____ Phone: _____

Email: _____ Is the spouse a member of Rise-Up or UNI? _____

Is spouse also applying for: Membership____ Certification____ Licensure _____

Ordination____ Spiritual Parenting_____

Children's Name: Age: Gender:

Biblical or Theological Training:

Name: Location: Length of Study:

Ministerial Experience

Have you been licensed or ordained before? No _____ Yes ____ Year _____

If yes, is the license or ordination active? No _____ Yes ____ Year _____

Ordaining Body: _____ Date licensed or ordained: _____

Ordaining Body: _____ Date licensed or ordained: _____

1. Present Place of Ministry: If Applicable

Name: _____ How Long? _____

Position(s) Held _____

Address: _____ City _____

Phone _____

2. Previous Place of Ministry:

Name: _____ How Long? _____

Position(s) Held _____

Address: _____ City _____

Phone _____

On a separate piece of paper please give us your personal testimony. Include what is your call to ministry and your vision for your ministry over the next five years. If included in your bio or resume, please attach it.

Personal References

Please list two individuals that will provide a letter of reference for you detailing their relationship to you, how long they have known you, and a personal statement describing your call to ministry, character, and integrity. Have them send references directly to Rise-Up ONE UNITED VOICE to the attention of Apostle Wesley or Apostle Arabella Weaver. (References need to be submitted by the third month of the application being received)

1. Name _____

Address _____

Email _____ Phone _____

2. Name _____

Address _____

Email _____ Phone _____

Applicant's Statement

I have read the qualifications and requirements given in order to be a member of UNITY Net-Sphere of Intercessors (UNI) and/or to participate in Rise-Up One United Voice, ABBA- EMA Spiritual Parenting Family, and I am in full agreement with them and commit myself to follow them to the best of my ability. I understand that failure to do so could possibly result in the non-renewal of membership and loss of credentials.

ABBA- EMA Spiritual Parenting Family is for 10 months to a lifetime. If at the end of the 10 months, you choose not to continue, Rise Up will extend you a certificate of completion.

Signature _____ Date _____

How did you find out about ABBA- EMA Spiritual Parenting Family?

Thank you very much for your interest. After prayerful consideration and review, we will be in contact with you after a decision has been made.

**Apostle Wesley and Apostle Arabella Weaver
Rise-Up One United Voice**