

***Louisiana  
District***

***North  
American  
Missions  
Application***

# LOUISIANA DISTRICT NAME APPLICATION

Please Print (or type)

- Enclose (or email) a Photo of You and Your Family

Date \_\_\_\_\_

What is the city/town/village in which you are interested in starting a church?

\_\_\_\_\_

Population: City \_\_\_\_\_ Area \_\_\_\_\_

1. Your Name:

\_\_\_\_\_

First Last Middle

2. Present Address: \_\_\_\_\_

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

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

3. Telephone: HOME \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## PERSONAL - FAMILY

4. Are you: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

5. Age of applicants: Husband \_\_\_\_\_ Spouse \_\_\_\_\_

Spouse's Name \_\_\_\_\_

6. Number of children living AT HOME: (Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ )

7. What is the status of YOUR HEALTH at this time? (Explain fully) \_\_\_\_\_

\_\_\_\_\_

8. What is the status of YOUR SPOUSE'S HEALTH at this time? (Explain fully) \_\_\_\_\_

\_\_\_\_\_

9. What is the status of your CHILDREN'S HEALTH at this time? (Explain fully) \_\_\_\_\_

\_\_\_\_\_

10. Do you have any other dependents? \_\_\_\_\_ If so, please describe \_\_\_\_\_  
\_\_\_\_\_

11. Do you have the full support of your family in this move? \_\_\_\_\_ If NO, please explain \_\_\_\_\_

### PERSONAL - EDUCATION

12. Name of High School \_\_\_\_\_ City \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Year you graduated? \_\_\_\_\_

13. Name of College \_\_\_\_\_ City \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Year you graduated? \_\_\_\_\_

14. Name of Bible School \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Year you graduated? \_\_\_\_\_

### PERSONAL - FINANCES

15. Do you have any church construction experience? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

16. Are you experienced in any kind of secular work? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

17. What secular job do you now hold? \_\_\_\_\_

18. Does your spouse have a secular job? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

19. What is your TOTAL current MONTHLY INCOME? (Please include all sources of income from the ministry, secular work, spouse=s secular work, investment income, etc.)

|                     |          |
|---------------------|----------|
| From SECULAR WORK   | \$ _____ |
| From the MINISTRY   | \$ _____ |
| OTHER (Include all) | \$ _____ |

20. What is your TOTAL current MONTHLY EXPENSES? (Please include ALL expenses.)

| <b>Description:</b>                  | <b>Monthly Amount</b> |
|--------------------------------------|-----------------------|
| Automobile Payment(s)                | \$ _____              |
| Automobile Insurance                 | _____                 |
| Automobile Expenses                  | _____                 |
| Home Mortgage (rent)                 | _____                 |
| Average Utilities Combined           | _____                 |
| Telephone                            | _____                 |
| Furniture Payments                   | _____                 |
| Home Insurance                       | _____                 |
| Medical Bills                        | _____                 |
| Credit Card Payments                 | _____                 |
| Personal Loan Payments               | _____                 |
| Real Estate (other than home)        | _____                 |
| Groceries                            | _____                 |
| Clothing (and other family expenses) | _____                 |
| Other Debts and Payments             | _____                 |
| <b>TOTAL MONTHLY PAYMENTS</b>        | <b>\$ _____</b>       |

21. Are you current in repaying your debts? \_\_\_\_\_ If No, explain: \_\_\_\_\_  
 \_\_\_\_\_

22. Have you ever declared BANKRUPTCY? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

23. What is the total number of credit or charge card accounts in your name? \_\_\_\_\_

(a) What is the total amount owed on all credit or charge accounts? \$ \_\_\_\_\_

(b) What is the total monthly payment on your card accounts? \$ \_\_\_\_\_

24. What is the total number of Personal Loans in your name? \_\_\_\_\_

(a) What is the total amount owed to personal loans? \_\_\_\_\_

(b) What is the total monthly payments made for personal loans? \$ \_\_\_\_\_

25. I authorize the Louisiana District UPC to request a credit reference check on my name if deemed necessary.

\_\_\_\_\_

Signature

Social Security Number

Date

**PERSONAL - DOCTRINE**

26. What do you preach to be the essentials as the Bible requirements of salvation?

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27. How do you interpret the Bible requirement of holiness? \_\_\_\_\_

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28. What is your approach in presenting holiness to new converts? \_\_\_\_\_

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29. Do you have a television? \_\_\_\_\_

30. What are your convictions concerning television? \_\_\_\_\_

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**PERSONAL - COOPERATION**

31. Have you cooperated with the financial plan (tithing, etc.) of your district? \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

32. Did you PERSONALLY support CHRISTMAS FOR CHRIST last year? \_\_\_\_\_

If YES, what was the amount? \$ \_\_\_\_\_

33. How much are you PERSONALLY GIVING to the following programs?

Home Missions (Monthly amount) \$ \_\_\_\_\_

Foreign Missions (Monthly amount) \$ \_\_\_\_\_

Sheaves for Christ (Yearly) \$ \_\_\_\_\_

34. Will you cooperate with the Louisiana District? \_\_\_\_\_

35. Will you affiliate your assembly with the United Pentecostal Church? \_\_\_\_\_

*(PLEASE NOTE: IF ANY MONEY is granted, it is REQUIRED that the church be AFFILIATED.)*

**PERSONAL - MINISTRY**

36. Where did you receive the Holy Ghost? Place: \_\_\_\_\_ Year: \_\_\_\_\_

37. What is your present ministry status? Pastor \_\_\_\_ Assistant \_\_\_\_ Evangelist \_\_\_\_

If other, please describe: \_\_\_\_\_

If a FULL TIME PASTOR, how long? \_\_\_\_\_ Years

If a FULL TIME EVAGELIST, how long? \_\_\_\_\_ Years

38. How long have you been in the ministry? \_\_\_\_\_ Years

39. What type of license do you hold?

LOCAL \_\_\_\_\_ Date issued \_\_\_\_\_  
GENERAL \_\_\_\_\_ Date issued \_\_\_\_\_  
ORDAINED \_\_\_\_\_ Date issued \_\_\_\_\_

40. Present Pastor:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

41. Please list all FORMER PASTORS:

| Name  | City  | Telephone |
|-------|-------|-----------|
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |

42. If PASTORING, where is your PRESENT field of labor?

Name of Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(a) When was the church started? Date: \_\_\_\_\_

(b) How long have you been at the PRESENT field of labor?

Years \_\_\_\_\_ Months \_\_\_\_\_

(c) How much growth has the church experienced NUMERICALLY under YOUR

MINISTRY? Began with \_\_\_\_\_ members, presently have \_\_\_\_\_ members.

43. How many souls have YOU won during the past two years OUTSIDE the pulpit (through personal Home Bible studies, etc.)? \_\_\_\_\_

### TARGET CITY

44. How did you arrive at the feeling that this was the city for you? \_\_\_\_\_

45. Why are you interested in this city? \_\_\_\_\_

46. Do you know any Pentecostal people in the city? \_\_\_\_\_

47. Is this a growing area? \_\_\_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_

48. If you receive Home Missionary appointment, will you aggressively evangelize your city to the best of your ability? \_\_\_\_\_

(a) What is your basic approach in soulwinning? \_\_\_\_\_  
\_\_\_\_\_

49. What is the minimum length of years you feel a minister should stay with a new church plant before moving to another work? \_\_\_\_\_ Years.

50. If approved, are you willing to make a commitment to the Louisiana District UPC to stay with the church plant the same number of years? \_\_\_\_\_

If yes, initial here \_\_\_\_\_

51. What is the name of the NEAREST UNITED PENTECOSTAL CHURCH to the projected CHURCH PLANT?

Name of church: \_\_\_\_\_  
City: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
Distance from you: \_\_\_\_\_ Miles

52. If your application is NOT approved, what are your immediate plans? \_\_\_\_\_  
\_\_\_\_\_

53. What will be the name of your new church is you are approved? \_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Please give the name and complete mailing addresses for the persons requested below:

\_\_\_\_\_  
Present or Former Pastor  
\_\_\_\_\_

District Superintendent (Present or Former)

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Presbyter (Present or Former)

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Former Teacher in Bible College (if applicable)

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Fellow Student in Bible College who is now in the ministry (if applicable)

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Businessman or Employer (Present or Former)

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Minister Friend

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Minister Friend

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Minister Friend

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Minister Friend

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Minister Friend

**PLEASE READ CAREFULLY  
THEN SIGN THE APPLICATION**



I have answered the preceding questions to the best of my knowledge and understanding. If I am chosen as a Louisiana Home Missionary, I pledge to cooperate with the Louisiana District UPC in every possible way.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** When submitting this application, please include a personal note or letter covering anything you feel is important to express your burden more fully.

- **Enclose or (email) a Photo of You and Your Family**

**Please send the completed application:**

**Email to: [derald\\_r\\_weber@aol.com](mailto:derald_r_weber@aol.com)**

**Or Mail to:**

**LA District NAM  
Attn: Rev. Derald Weber  
P. O. Box 60852  
Lafayette, LA 70596**

**If you have questions please call Rev. Derald Weber at 337-981-9300.**