



# 4 CORNERS ALLIANCE

## APPLICATION FORM

### Application Requirements

Having a call of God on your life to extend His Kingdom, make disciples, and set the captives free, return the completed application along with the non-refundable \$100 fee; provide two recommendations as shown below, neither of which are from family members.

Attach a current photo (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed with individual photos. If emailed, photo needs to be in a .JPEG format.

<b>Ministry Recommendation</b>	To be completed by your pastor or a credentialed minister that has known you for 3 or more years.
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<b>Personal Recommendation</b>	To be completed by a friend or someone who has known you for 3 or more years.
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Ministry and Personal recommendations must be sent directly to: Joan Hunter Ministries/Hunter Ministries. These recommendations are confidential. They must be returned to us by the one supplying the recommendations. Applications and recommendations are not to be sent to us together. Please send to [4ca@joanhunter.org](mailto:4ca@joanhunter.org) . If no email capability, please fax to 281-789-7497 or mail to PO Box 777, Pinehurst, TX 77362.

<p>Checklist:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Photo</li> <li><input type="checkbox"/> Application</li> <li><input type="checkbox"/> Annual Fee</li> <li><input type="checkbox"/> Application Fee (non refundable)</li> </ul>	
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Personal Information						
Full Name	Title:	Last:	First:	M.I.:	Maiden Name:	
Street Address:		Apt/Unit #:	City:	State:	ZIP:	Country:
Home Phone:		Fax:	Mobile Phone:		Skype:	
E-mail Address:			Website:			
Gender:    Female    Male		Date of Birth:	Marital Status:		Spouse's Name:	
<ul style="list-style-type: none"> <li>• <i>If currently engaged, please send written confirmation once married to update our records.</i></li> </ul>						
Church Affiliation and References						
Name of Church you Pastor/Attend:				Length of time attended (years):		
Your Senior Pastor:		Church Phone:		Fax:	Website:	
Church Address:			City:	State:	Zip:	

Personal Ministry/Character References					
<i>(Please identify someone other than a family member whom you have known for more than a year.)</i>					
Name:		Phone:	Mobile:		
Address:		City:	State:	ZIP:	
Name:		Phone:	Mobile:		
Address:		City:	State:	ZIP:	
Name:		Phone:	Mobile:		
Address:		City:	State:	ZIP:	

Your Spiritual Journey		
Date Saved:	Raised in a Christian Home?    Yes    No	Date Baptized by Immersion:
Briefly relate your conversion experience:		Understanding that a minister of the Gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? Yes    No  If yes, please explain
Date Baptized with Holy Spirit with evidence of speaking in tongues:		
Are you familiar with the ministry of Apostle Joan Hunter or her parents?		Yes    No
Have you read any of her or her parent's materials, or listened to their CDs or viewed their DVDs?		Yes    No



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### Your Vision

*In an effort to understanding your vision concerning your ministry, please describe your vision in a one-page typed essay.*



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Highest Education Attained		
<i>List the highest level of educational institution attended and highest degree/level earned.</i>		
Name of School:	Date:	Degree/Diploma/Major

Your Ministry	
Do you have a call of God on your life to enter the full-time ministry? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain God's leading and direction in your life in the box below (or on the back):	
Are you presently or have you ever been ordained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of organization
Identify the area(s) of five-fold ministry, according to Ephesians 4:11, in which you are called by God.	
I agree with the Statement of Faith? Yes <input type="checkbox"/> No <input type="checkbox"/> (See <a href="http://www.joanhunter.org">www.joanhunter.org</a> )	
Explain why you want to join and how 4 Corners Alliance can help you in the marketplace or in ministry:	

**Statement of Truth**

I understand all items submitted to Joan Hunter Ministries and Hunter Ministries are part of the application process; becoming the permanent property of Joan Hunter Ministries/Hunter Ministries and will not be returned. This application will be held in confidence. Only those persons with a need to know will review it.

I grant permission to Joan Hunter Ministries/Hunter Ministries and its leadership to verify the information provided on this application. I hereby state that all the information contained on this application is correct and true. If Joan Hunter Ministries/Hunter Ministries finds that any of the information contained on this application is false, it will be grounds for immediate cancellation and revocation.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Be sure to review your application before sending. Applications will not be processed until all required documents are received.*

For Office Use Only			
<b>Approved:</b>		<b>Not Approved:</b>	
<b>Authorized by:</b>		<b>Date:</b>	
Joan Hunter Ministries PO BOX 777 Pinehurst, TX 77362 Phone (281) 789-7500 Fax: (281) 789-7497 Email: <a href="mailto:4ca@joanhunter.org">4ca@joanhunter.org</a>			