

**RAM BIBLE INSTITUTE AND SEMINARY  
MINISTRY LIFE EXPERIENCE EVALUATION**

**Personal Information:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

HIGH SCHOOL GRADUATE: (circle) YES \_\_\_ NO \_\_\_ IF NO, \_\_\_ GED? YES \_\_\_ NO \_\_\_

**SCHOLASTIC INFORMATION**

COLLEGES ATTENDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COLLEGE DEGREE: YES \_\_\_ NO \_\_\_ IF YES, WHAT DEGREE?: \_\_\_\_\_

CERTIFICATES, DIPLOMAS, EARNED AND WHERE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MINISTERIAL INFORMATION**

ARE YOU: (circle) A LICENSED MINISTER: \_\_\_\_\_ AN ORDAINED MINISTER: \_\_\_\_\_

IF SO, WITH WHOM?: \_\_\_\_\_

WHAT IS YOUR MINISTRY GOAL?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ON THE FORM PROVIDED, WRITE OUT YOUR MINISTERIAL - SECULAR RESUME.

School Site – City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

