

Report: Lavrielle Hawkins submitted: 1-4-2016<br/>Sub:<br/> 12-16-2015

Q1. Please enter the following: Name, Address, Phone Numbers, Organization

Client:

Division:

ID#:

Telephone (W):

--> Telephone (H):

Telephone (C):

Address:

City:

State or Province:

Postal Code:

Q2. Please enter your email address

Q3. Gender

Female

Male

Q4. Please add your birthdate (MM/DD/YYYY):

Q5. List social security number. Please enter it without dashes or spaces, just numbers.

Q6. Name of Home Church:

Q7. List Country of Citizenship

Q8. Marital Status

Married

Widowed/Divorced (more than two years)

Single

Widowed or Divorced (less than two years)

Separated from Spouse

Q9. If married, divorced, separated, or widowed, how long?

Q10. If currently married, spouse's name:

Q11. If currently married, spouse's email address:

Q12. If currently married, spouse's cell phone number:

Q13. Please list children's names and ages. If you do not have any please put N/A.

Q14. Are you a Word of Faith covenant member (completed all five new member classes)?

Yes

No

Q15. How long have you been a covenant member?

Less than 5 years  
More than 5 years

## Q16. Residence History

| ADDRESS                            | CITY, STATE                        | FROM:                             | TO:                               |
|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| 1 - 2495 Wingfield Dr              | City:<br>Austell<br>State:Georgia  | Month: 1<br>Day: 15<br>Year: 2013 | Month:<br>Day:<br>Year:           |
| 2 - 2825 Windy Hill Rd SE Apt 1103 | City:<br>Marietta<br>State:Georgia | Month: 1<br>Day: 14<br>Year: 2011 | Month: 1<br>Day: 14<br>Year: 2013 |
| 3 - 2151 Cumberland Pkwy           | City:<br>Atlanta<br>State:Georgia  | Month: 1<br>Day: 10<br>Year: 2010 | Month: 1<br>Day: 13<br>Year: 2011 |

## Q17. Are you a consistent tither?

Yes  
No

## Q18. In how many Word of Faith ministries are you currently serving?

None  
1 Ministry  
2 Ministries  
3 Ministries  
4 or more Ministries

## Q19. Please provide the following information for up to four (4) ministries (WOF &amp; non-WOF) in which you are/were involved:

| Name of Organization           | Organization's Address, Zip Code                           | Length of Service: | Your Position:   | Ministry Name/Supervisor Phone Number:             | Did You Leave in Good Standing: |
|--------------------------------|------------------------------------------------------------|--------------------|------------------|----------------------------------------------------|---------------------------------|
| Word of Faith Freedom Ministry | Address: 212 Riverside Pkwy Austell, GA<br>Zip Code: 30168 | Less than 1 year   | Ministry Servant | Ministry: Deacon Lorenzo King<br>Phone: 4047849667 |                                 |

## Q20. Have you ever been convicted of a Felony?

Yes  
No

## Q21. If yes, please explain.

## Q22. Have you ever been convicted of a Misdemeanor?

Yes  
No

## Q23. If yes, please explain.

## Q24. Have you ever been or received First Offender's status for a crime?

Yes  
No

## Q25. If yes, please explain.

## Q26. Are you listed on any state

Yes  
No

## Q27. If answered yes above, please list the states in which you are registered:

|        |
|--------|
| States |
|--------|

## Q28. Have you ever been addicted to drugs or alcohol?

Yes  
No

## Q29. Are you currently clean and sober?

Yes  
No

Q30. Would you be willing to submit to drug/alcohol testing?

Yes

No

Q31. If not please explain.

Q32. How many years of ministerial experience (Five-Fold Ministry Service) do you have?

0 to 5 Years

5 to 10 Years

10 Plus Years

Q33. Please describe why you want to be a part of this program. The essay should be at least a total of 250 words. It is best to type the answer in a word processing application like MS Word and then copy and paste in the box below:

Q34. Please confirm you are applying for a Certificate of Ministry?

Yes

Q35. Name of Partner Church through which this program is being offered: **Dale C. Bronner Institute of Ministry and Leadership Development (Word of Faith Family Worship Cathedral)**

Yes

Q36. Name of Certified Leader or Partner who is recommending you for this program: **Rev. Courtney Wright**

Yes

Q37. Name of Local Mentors who will provide your personal development assessment: **Word of Faith Staff & Ministry Leaders**

Yes

Q38. First Name, Last Name

**Client:** Lavrielle

**Division:** Hawkins

Q39. Have you completed Foundations in Christianity at Word of Faith?

Yes

No

Q40. Have you completed Foundations in Priesthood at Word of Faith?

Yes

No

Q41. Have you ever been ordained or licensed as a pastor or minister?

Yes

No

Q42. By what governing body are you currently licensed and/or ordained?

N/A

Q43. Are you seeking licensing and/or ordination from MIT?

Yes

No

Q44. Do you have a personal/ministry website? If so, please provide the web address. (Example: <http://www.me.com>)

N/A

Q45. Do you have a Twitter account? If so, please provide it below. (<http://www.twitter.com/yourtwittername>)

[http://www.twitter.com/L\\_Hawkins\\_Lewis](http://www.twitter.com/L_Hawkins_Lewis)

Q46. Do you have a Facebook account? If so, please provide it below. (<http://www.facebook.com/username>)

[http://www.facebook.com/Lavrielle Hawkins Lewis](http://www.facebook.com/LavrielleHawkinsLewis)

Q47. Do you have a LinkedIn account? If so, please provide it below. (<http://www.linkedin.com/username>)

N/A

Q48. Do you have access to a computer for the completion of the MIT coursework?

Yes

No

Q49. Highest level of education?  
some college

Q50. Name, Location, and Years attended. (High School - College) (From: MM/YYYY-To: MM/YYYY)

| SCHOOL'S NAME | SCHOOL'S CITY,<br>STATE | FROM: | TO: | FIELD OF STUDY: | DEGREE/DIPLOMA: |
|---------------|-------------------------|-------|-----|-----------------|-----------------|
|---------------|-------------------------|-------|-----|-----------------|-----------------|

Q51. Do you have any licenses and/or certifications? (List Name, Date Certified, Expiration for each.)

| NAME OF CERTIFICATION | DATE CERTIFIED/LICENSED: | EXPIRATION (IF APPLICABLE): |
|-----------------------|--------------------------|-----------------------------|
|-----------------------|--------------------------|-----------------------------|

Q52. Have you ever worked for the armed forces?

Yes  
No

Q53. If you answered yes to question #14, in which branch did you serve? (Ex. AIR FORCE, ARMY, NAVY, MARINES, COAST GUARD, NATIONAL GUARD)

| NAME BRANCH OF SERVICE | HIGHEST RANK | DATE ENTERED:           | DATE DISCHARGED:        | TYPE OF DISCHARGED: | DD214 NUMBER: |
|------------------------|--------------|-------------------------|-------------------------|---------------------|---------------|
| 1 -                    |              | Month:<br>Day:<br>Year: | Month:<br>Day:<br>Year: |                     |               |

Q54. Describe your work history?

One or two jobs in the last five years  
Three jobs in the last five years  
Four or more jobs in the last five years  
No job in the last five years because of retirement  
No job in the last five years because of physical restrictions or mental illness  
No job for other reasons

Q55. Work History: Please list the last 10 years.

| EMPLOYER'S NAME | EMPLOYER'S CITY, STATE | FROM:                   | TO:                     | JOB TITLE: | SUPERVISOR'S NAME/PHONE NUMBER: | DESCRIBE YOUR WORK: | REASON FOR LEAVING (IF APPLICABLE): |
|-----------------|------------------------|-------------------------|-------------------------|------------|---------------------------------|---------------------|-------------------------------------|
| 61 -            | City:<br><br>State:    | Month:<br>Day:<br>Year: | Month:<br>Day:<br>Year: |            |                                 |                     |                                     |

Q56. First Name, Last Name

**Client:** Lavrielle

**Division:** Hawkins

Q57. Are you active in your community (outside of church activities)?

One or more community involvement(s)  
None

Q58. If you indicated community involvement in question #1, we need further information.

| NAME OF ORGANIZATION | ORGANIZATION'S CITY, STATE | FROM: | TO: | YOUR POSITION: | SUPERVISOR'S NAME/PHONE NUMBER: | DID YOU LEAVE IN GOOD STANDING: |
|----------------------|----------------------------|-------|-----|----------------|---------------------------------|---------------------------------|
|----------------------|----------------------------|-------|-----|----------------|---------------------------------|---------------------------------|

Q59. First Name, Last Name

**Client:** Lavrielle

**Division:** Hawkins

Q60. Are you a baptized Christian believer who has received the Holy Spirit?

Not Sure  
Yes  
No

Q61. At what age did you become a Christian baptized believer?

7 but I want to be baptized again

Q62. Do you believe that the Holy Bible (Old and New Testaments) is the inspired, inerrant and only infallible, authoritative word of God and

the final authority in faith and conduct?

Yes  
No  
Not Sure

Q63. Do you believe there is only one true God, eternally existent and manifested in the triune Godhead, three persons equal in power and purpose and authority: God the Father, God the Son (Jesus Christ) and God the Holy Spirit?

Yes  
No  
Not Sure

Q64. Do you believe all have sinned and come short of the glory of God and are in need of salvation?

Yes  
No  
Not Sure

Q65. Do you believe that salvation of mankind comes only by confessing the Lord Jesus Christ and believing that God raised Him from the dead?

Yes  
No  
Not Sure

Q66. Do you believe in Jesus Christ's bodily resurrection and ascension to the right hand of the Father in heaven?

Yes  
No  
Not Sure

Q67. Do you believe in the resurrection of the dead to either eternal life with Jesus for the saved or eternal damnation in hell for the unbelieving lost?

Yes  
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Not Sure

Q68. Do you believe in the deity, virgin birth, and perfect and sinless life of Jesus Christ?

Yes  
No  
Not Sure

Q69. Do you believe in the supernatural work of miracles and healing of Jesus Christ?

Yes  
No  
Not Sure

Q70. Do you believe in the substitutionary death of Jesus Christ and His bloodshed which atones for sins of the world?

Yes  
No  
Not Sure

Q71. Do you believe in the personal return of Jesus Christ in power and glory to rapture a mature church?

Yes  
No  
Not Sure

Q72. Do you believe in the observance of the Eucharist (Holy Communion) and in the ministry and baptism of the Holy Spirit, empowering and enabling the Christian to live a holy life in this present world and to minister as Jesus ministered?

Yes  
No  
Not Sure

Q73. Check the Five Fold Ministry position to which you have been called.

Prophet  
Apostle  
Evangelist  
Pastor  
Teacher  
Other

Q74. If you selected Other in the previous question please explain.

N/A

Q75. Have you unconditionally made yourself available for whatever vocation God might want to use you?

Yes  
No

Q76. Are you willing to spend the necessary time preparing yourself to be effective in your calling?

Yes  
No

Q77. What have you done to prepare yourself for your calling?

I read and study constantly. I listen to those who are already active in the Lord's work. I listen to and encourage people daily.

Q78. How many hours per week do you have to devote to a ministerial training and development program?

0-3 Hours  
4-6 Hours  
7-10 Hours  
11-15 Hours

Q79. Type your Full Name:

Lavrielle Vershan Hawkins

Q80. Please type today's date: (MM/DD/YYYY)

12/16/2015

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