

PERAZIM SCHOOL OF CHAPLAINCY & THEOLOGICAL SEMINARY, USA

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MINISTERIAL / SECULAR RESUME

NAME: LAST:	FIRST:				
ADDRESS:			_CITY:	STATE:	ZIP:
List your ministry and history. Be sure to inc					rt of your work/ministry
From date:	To date:	Activity:			
City:		Nation:			
From date:	To date:	Activity:			
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City:		Nation:			
From date:	To date:	Activity:			
Citv:		Nation:			

Form is to be attached to the Ministerial Life Experience Evaluation form and given to the PERAZIM School of Chaplaincy & Theological Seminary, USA Administrator for the student file.