

Association of Faith Churches and Ministers

PO Box 1918, Willmar, MN 56201
Phone 320-235-3838 Fax 320-235-1802
E-Mail office@afcminternational.org

APPLICATION

OFFICE USE ONLY	
Date Received _____	Paid _____ Check No. _____
Amount \$ _____	
Spouse Application ____ Yes ____ No	
*Application only valid for 3 months from date received.	

1. Attach a CURRENT PHOTO, (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed and individual photographs attached.
2. Please staple AFCM dues to this form. INCLUDED in the dues is a \$25.00 NON-REFUNDABLE application fee. (Application will not be processed without dues.)
3. Please TYPE or PRINT CLEARLY. If the question does not apply, type N/A.
4. I am applying for: (Check one)

<input type="checkbox"/> Ordination	\$100.00
<input type="checkbox"/> Provisional Licensing	\$100.00
<input type="checkbox"/> Ministerial Licensing	\$100.00
<input type="checkbox"/> Membership Only	\$75.00

PLEASE
ATTACH
PHOTO
HERE

(NOTE: To be a member only you must already hold ministry credentials (license or ordination) with another ordaining body; please enclose a copy.)

A. PERSONAL DATA

Last Name	First Name	(Preferred First Name)	Middle Name	Maiden Name
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Home Information

Address	City, State	Zip/Postal Code	Country
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Cell Number	Home Phone Number	Personal E-Mail Address
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Ministry Information

Ministry/Church Name _____

Address	City, State	Zip/Postal Code	Country
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Phone Number	Office E-Mail Address	Website
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To which address do you prefer mail to be sent? Home Office

Gender	Birth Month/Day/Year	Age	Citizenship
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MARITAL STATUS Married Engaged* Single Widowed Separated** Divorced**

*Confirm in writing when married

**If separated or divorced, provide thorough and complete details on separate sheet including date of divorce or separation.

Spouse or Fiancé(e) Name	Date of Birth	Marriage Date, present or proposed.
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- Yes No Is your spouse or fiancé(e) saved and filled with the Holy Spirit with the evidence of speaking in tongues?
- Yes No Are you and your spouse or fiancé(e) willing to submit to the leadership of AFCM?
- Yes No Does your spouse or fiancé(e) support your call and ministry? If not, explain on a separate sheet.

B. CHURCH ATTENDANCE AND REFERENCES

List the name of the church you currently pastor or attend.

Name of Church	Senior Pastor	Telephone
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Mailing Address	City	State	Zip
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How long have you pastored or attended this church? _____

If less than one year, state the reason, and list the name of the last church you attended, including the pastor's name, address and phone number, how long you attended, and the reason for leaving.

If you are NOT currently involved in your local church, please BRIEFLY explain on a separate sheet.

Have you ever been involved in a church split? Yes No If yes, when did it take place, and how were you involved?

C. CHARACTER REFERENCE

(Someone other than a relative **who has known you well for three years or more. This reference must be in addition to the recommendation forms included in this application.**)

Name	Address
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City	State	Zip	Telephone
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D. YOUR MINISTRY

Do you have a definite call of God on your life to enter the full-time ministry? Yes No

If yes, BRIEFLY explain when, how, and why you know you are called of God.

Are you now in full-time ministry? Yes No If no, please BRIEFLY explain on a separate sheet .

In what field of ministry are you currently involved?

Pastor Asst. Pastor Missionary (residing on foreign soil) Youth Music Ministry
 Helps Itinerant* Missionary (residing in your home country) Children's Pastor Chaplain

* If you are an ITINERANT, in which area do you specialize? Evangelism Music Children Youth

* If you are in the ministry of HELPS, do you teach/preach on a regular basis? Yes No

If you are a pastor, what is the average attendance of your primary service? _____

Are you or have you ever been Licensed or Ordained? If so, state the Denomination/Organization and date credentialed. Please enclose a copy of the credentials if they are current.

If you are leaving or have left this Denomination/Organization, please explain why. _____

Do you agree with the AFCM Statement of Faith? Yes No If you disagree with any point, please explain on a separate sheet.

Why do you want to join AFCM and how can AFCM help you in your ministry? Explain.

How did you hear about AFCM? _____

Have you previously submitted an application to AFCM? Yes No If so, when? _____

E. YOUR SPIRITUAL LIFE

Date you were saved. _____ Date you were baptized by immersion. _____

BRIEFLY relate your conversion experience. _____

Date you were filled with the Holy Spirit with evidence of speaking in tongues. _____

Please explain your stand on the message of faith. _____

If you have ever used tobacco products, when did you last use them? (Date) _____

If you have ever used alcohol in any form, when did you last use it? (Date) _____

If you have ever used illegal drugs (including marijuana), when did you last use them? (Date) _____

If use has occurred within the past year, please give an explanation including dates and details on a separate sheet.

We feel that in order for a person to assume a leadership role in Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from the use of tobacco, alcohol (including wine), and/or illegal drugs.

Understanding our position on the matter, please indicate below your decision concerning our policy.

I will abide by this policy. I cannot abide by this policy.

I understand that if AFCM is notified that I have violated the above-stated policy, it will be grounds for immediate dismissal.

Signature _____ Date _____

Yes No Have you ever been convicted of a felony?

Yes No Have you ever been accused, questioned, or investigated for child abuse, neglect or molestation?

Yes No Have you ever been accused, questioned, or investigated for spousal abuse?

Yes No Have you ever been involved in homosexual activities?

Yes No Have you ever been involved in an extramarital relationship/affair?

If you have answered yes to any of the above questions, please explain on a separate sheet.

It is a requirement of AFCM for all churches, ministries, members and organizations to conduct thorough Federal background searches on all employees and/or volunteers who work in the children and youth departments. The investigations should cover anyone having access to children whether it is at a camp, field trip, Sunday school, nursery, etc. Failure to conduct background searches will be cause for cancellation of ordination and/or license credentials.

F. YOUR VISION

In an effort to understand your vision concerning your ministry, please attach a one-page essay. Please print or type.

G. EDUCATIONAL HISTORY

(Circle highest level attained)

1	2	3	4	5	6	7	8	9	10	11	12	GED
Vocational/Technical			1	2	College			1	2	3	4	
Master's		Specialist		Doctorate			Bible School					

List all higher educational institutions attended and degree earned, including Bible School.

NAME & ADDRESS OF SCHOOL	DATES	MAJOR	DIPLOMA or DEGREE
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H. STATEMENT OF TRUTH

I understand that all items submitted to AFCM as part of the application process become the permanent property of AFCM and will not be returned.

I acknowledge that I agree with the Tenets of Faith and Ministerial Ethics set forth by the Association of Faith Churches and Ministers.

I hereby state my willingness to submit to the spiritual authority and guidelines of AFCM. If at any time I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority for any reason, I will forfeit and return my ministerial credentials (certificate and wallet card) to AFCM.

I understand AFCM gives an update on all members annually. This includes not only active members, but also those whose membership has "Lapsed" due to non-renewal, those who have "Withdrawn" and those who may have been "Dismissed" during the course of the year. I understand that if my membership lapses, or if I withdraw from or am dismissed from AFCM, my name will appear in the appropriate category in the next AFCM Directory.

I understand this application will be held in confidence. Only those persons with a need to know will review it. I grant AFCM and its leadership permission to verify information on this application to include criminal background and credit history.

I hereby state that all the information contained on this application is correct and true. If AFCM is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Signature _____

Date _____

IMPORTANT: Please review your application before mailing. Incomplete applications will be returned to you for completion.

APPLICATION CHECKLIST

Personal Recommendation Sent to: _____

Ministerial Recommendation Sent to: _____

Application Complete Payment Enclosed Vision Essay Photograph attached Application Signed in **Both** places

APPROVED

FOR OFFICE USE ONLY

DISAPPROVED

AFCM International Director

Date