

SONSHINE NETWORK MINISTRIES

“Building God’s Kingdom Together”



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SONSHINE NETWORK MINISTERIAL APPLICATION

MINISTRIES

This application is for candidates who are applying for minister's licenses for the first time. After completing this application, mail to the office. All questions must be completed and clearly answered. If you don't have enough space on this application, please use another sheet of paper to complete your answer. NOTE: In order for your application to be processed, please submit the application fee of \$100 and back-ground-check fee of \$10 for a total of \$110. A passport size photo must be emailed to info@snmiphc.org in order to produce your Minister's ID Card.

Check One:

- Local License Minister
- Minister of Music
- Licensed Minister
- Transfer
- Ordained Minister
- Reinstatement

APPLICANT:

1. Full Name _____
2. Home Address _____
 City _____ State _____ Zip _____
 Mailing Address _____
 City _____ State _____ Zip _____
3. Home Phone _____ Cell/Work _____
4. Email address _____ Web Page: _____
5. Social Security Number _____
6. Date of Birth _____ Gender: Male ___ Female ___
7. Marital Status: ! Single ! Married ! Divorced ! Widower ANNIVERSARY Date (if married) _____
 a Have you been previously married? Yes ___ No ___
 c How was your marriage(s) terminated? ! Divorced ! Widowed ! Annulment
 *Please include a copy of your divorce decree and give details of divorce along with circumstances use separate sheet of paper.
8. Spouse's Full Name _____ Date of Birth _____
 a Has your spouse been previously married? Yes ___ No ___
 b How was the marriage(s) terminated? ! Divorced ! Widowed ! Annulment
9. Children Names & Ages _____
10. Please give three references. Include (1) Pastor, (2) Businessman, and (3) One person not related to you:

| | Name | Address | City/Zip | Phone |
|---|-------|---------|----------|-------|
| a | _____ | _____ | _____ | _____ |
| b | _____ | _____ | _____ | _____ |
| c | _____ | _____ | _____ | _____ |
11. Present Occupation _____
12. Have you ever been convicted of a felony or misdemeanor (excluding minor traffic offenses)? Yes ___ No ___
 If yes, explain _____
13. Do you agree to submit to a criminal/credit background check (\$10.00)? Yes ___ No ___
14. Are you a member of any secret society such as Masonic Lodge or the Scottish Rite? Yes ___ No ___

SONSHINE
NETWORK  **MINISTERIAL APPLICATION**
MINISTRIES

| Education | Name of School | No. Of Yrs Attended | Degree Earned |
|---------------|----------------|---------------------|---------------|
| High School | | | |
| College | | | |
| Grad/Seminary | | | |

Have you completed the IPHC's ministerial training course?

1st Year 2nd Year 3rd Year Equivalent Training

Give details _____

Church Experience:

- When did you accept Jesus Christ as your personal Savior? _____
- Have you been baptized with the Holy Spirit with the initial evidence of speaking with other tongues? (Acts 2:4) Yes___ No___ Is this and other evidences of the Holy Spirit regularly manifested in your life? Yes___ No___
- Have you been baptized in water according to Matthew 28:19? Yes___ No___
- Have you been sanctified and are you being sanctified? Yes___ No___
- Have you read the Bible through at least once? Yes___ No___
- How long have you been a member of the IPHC? _____
 Other denominations? _____
- If you are transferring, from what denomination/fellowship are you transferring?

- Place of Local IPHC church membership _____
- Have you previously held credentials with the IPHC or other denominations?
 Yes___ No___
- If yes, when / with whom? _____
 Local Church Minister's License—Year___ Minister's License—Year___
 Certificate of Ordination—Year___
- Does your spouse hold credentials with the IPHC? Yes___ No___
- Have you read the IPHC manual? Yes___ No___
- Are you in agreement with the Articles of Faith of the IPHC? Yes___ No___
- Are you in agreement with the Covenant of Commitment and Guidance of the IPHC?
 Yes___ No___

SONSHINE
NETWORK  **MINISTERIAL APPLICATION**
MINISTRIES

15. Do you know without a doubt that you are called of God into Christian Ministry? Yes ___ No ___

16. What is your ministry calling? ___ Pastor ___ Evangelist ___ Other _____

17. What type of ministry are you currently engaged? _____

18. Supervisor's Name (if applicable) _____

Address _____

Phone _____

19. Position held: ___ Sr. Pastor ___ Evangelist ___ Church Staff ___ Missionary ___

Bible College Instructor ___ Other (explain) _____

20. Please give a brief summary of your experience in church leadership. _____

21. If you are applying for a license other than a local church minister's license, do you understand you are amenable to the quadrennial conference and the conference board? Yes ___ No ___

22. Realizing that as ministers/leaders we are stewards of His resources and conscious of Him in the management of that trust, will you faithfully return a tenth (full tithe) of all income into the storehouse? (The storehouse for the minister is the conference treasury) Yes ___ No ___ (Not applicable if applying for a Local Church Minister's License)

23. Do you understand that failure to comply with the tithing rule could mean a forfeiture of your credentials? Yes ___ No ___

24. Will you cooperate with the denominational programs at the local, conference, and general levels and lead your people by example? (This includes reporting systematically and consistently on forms provided) Yes ___ No ___

25. Have you ever, for any reason, been dismissed from another organization or had your credentials revoked? Yes ___ No ___ If yes, explain _____

26. If you reach a place where you are out of harmony with the ministry vision of the IPHC, will you surrender your license/ordination certificate to your conference superintendent? Yes ___ No ___

Signed: _____ Date _____

CONFERENCE USE ONLY

Date received in conference office: _____

Approved _____ Denied _____

___ Local Church Minister ___ Minister's License ___ Certificate of Ordination ___ Reinstatement

RECOMMENDATION OF PASTOR & LOCAL CHURCH

I, _____ (PASTOR) recommend _____

_____ (CANDIDATE), to the SonShine Network
Ministries as a _____ Local Church Minister or _____ Licensed Minister. He/She is also recommended
by the _____ (CHURCH).

REMARKS: _____

(Pastor's Signature)

PERSONAL REFERENCES

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____