



Application for Reinstatement of Ministerial Credentials

This application is for candidates who are applying to have their Ministerial Credentials Reinstated. 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. Upon completion, please mail application to SonShine Network Ministries ~ 7 W. Main St. Ste. 300 ~ Apopka, FL 32703 or email to em@snmiphc.org. Include a copy of your License/Ordination Certificate. NOTE: ***In order for your application to be processed, please submit the reinstatement fee of \$65 and back-ground-check fee of \$10 for a total of \$75. A photo must be emailed to em@snmiphc.org in order to produce your Minister's ID Card.*** Once we receive your application, ID photo and the \$75 fee we will process your application and the Bishop or his assistant will contact you.

APPLICANT:

1. Full Name: _____

2. Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Home Phone: _____ Cell/Work: _____

4. Email Address: _____

5. Social Security Number: _____

6. Date of Birth: ___/___/___ Gender: MALE ___ FEMALE ___

7. Marital Status: SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED ___

Anniversary Date (if married): ___/___/___

8. Spouse's Full Name: _____

9. Children's Names & Ages: _____

10. Present Occupation/Employer: _____

11. Church You Are Currently Attending: _____

12. Do You Hold a Ministry Position in That Church: YES ___ NO ___

If YES, What Position Do You Hold? _____

13. Do You Understand That as a Licensed/Ordained Minister with the IPHC

You are Amenable to the Quadrennial Conference and the Conference

Executive Council? YES ___ NO ___

14. Will You Faithfully Return a Tenth (Full Tithe) of All Your Income to the Conference

Treasury in Accordance with the IPHC Manual Article IV, Sections C-3 & D-3?

YES ___ NO ___

15. Do You Understand that Failure to Comply with the Tithing Rule Could Mean Forfeiture

of Your Credentials? YES ___ NO ___

16. Will You Cooperate with the Denominational Programs at the Local, Conference &

General Levels and Lead Your People by Example? (This includes reporting systematically

and consistently on forms provided) YES ___ NO ___

17. Briefly Explain the Reason Your Credentials Have Lapsed or You Have Not Been in Good

Standing: _____

CONFERENCE USE ONLY

DATE APPLICATION RECEIVED: ___/___/___

\$75 FEE RECEIVED: YES ___ NO ___

PHOTO RECEIVED: YES ___ NO ___

APPROVED: _____ DENIED: _____

COMMENTS: _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with SonShine Network Ministries (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature

TODAY’S DATE

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____