



*“Building God’s Kingdom Together”*



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# MINISTERIAL APPLICATION

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:**

1. When did you accept Jesus Christ as your personal Savior? \_\_\_\_\_

2. 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 \_\_\_

3. Have you been baptized in water according to Matthew 28:19? Yes \_\_\_ No \_\_\_

4. Have you been sanctified and are you being sanctified? Yes \_\_\_ No \_\_\_

5. Have you read the Bible through at least once? Yes \_\_\_ No \_\_\_

6. How long have you been a member of the IPHC? \_\_\_\_\_

Other denominations? \_\_\_\_\_

7. If you are transferring, from what denomination/fellowship are you transferring?  
\_\_\_\_\_

8. Place of Local IPHC church membership \_\_\_\_\_

9. Have you previously held credentials with the IPHC or other denominations?

Yes \_\_\_ No \_\_\_

10. If yes, when / with whom? \_\_\_\_\_

Local Church Minister's License – Year \_\_\_\_\_

Minister's License – Year \_\_\_\_\_

Certificate of Ordination – Year \_\_\_\_\_

11. Does your spouse hold credentials with the IPHC? Yes \_\_\_ No \_\_\_

12. Have you read the IPHC manual? Yes \_\_\_ No \_\_\_

13. Are you in agreement with the Articles of Faith of the IPHC? Yes \_\_\_ No \_\_\_

14. Are you in agreement with the Covenant of Commitment and Guidance of the IPHC?

Yes \_\_\_ No \_\_\_



# MINISTERIAL APPLICATION

- 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

**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](http://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 \_\_\_\_\_

# 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)

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## PERSONAL REFERENCES

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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