

SONSHINE NETWORK MINISTRIES

“Building God’s Kingdom Together”



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TEL. 407-880-0241 FAX 407-880-6594

EMAIL: em@snmiphc.org WEBSITE: www.snmiphc.org

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 background-check fee of \$10 for a total of \$110. A passport size photo must be emailed to em@snmiphc.org in order to produce your Minister's ID Card.

Check One:

- Local License Minister Transfer
 Licensed Minister Reinstatement
 Ordained Minister

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) _____

Have you been previously married? Yes No

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 _____

Has your spouse been previously married? Yes No

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

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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___

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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 _____

<u>CONFERENCE USE ONLY</u>	
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.

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.

_____ TODAY'S DATE _____
Signature

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)

PERSONAL REFERENCES

NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____