

2020 MINISTERIAL APPLICATION



APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

5401 Citrus Ave. Fontana, CA 92336

IMPORTANT NOTE: If this application is received after October 31, 2020 there will be a late fee of \$25

APPLICANT SECTION

INSTRUCTIONS: Please fill out this application **CAREFULLY** and **COMPLETELY**. Type or print LEGIBLY. Do not leave any blanks. Answer all questions that apply to you or write NA.

Name: _____
Last Name Middle Name First Name

Wife's Name: _____ Ministerial # _____

Wife's Date of Birth: MM / DD / YY Did you apply last year? (2019) Yes No

Home Address: _____
Street Number City State Zip Code

Mailing Address - (if Different): _____
P.O. Box City State Zip Code

Email Address: _____

Home Phone: () Cell: () Church: ()

Do you agree with the teaching and practice of the Apostolic Doctrine? Yes No

Do you agree with and practice the organizational system established by our Constitution? Yes No

Do you agree with and practice the economic system established by our Constitution? Yes No

Are you faithful in the biblical mandate of giving your tithes? Yes No

Have you completed the sexual harassment / child abuse prevention training? Yes No

If you answered NO to any of the previous five questions, explain: _____

Applicant's Signature: _____ Date: MM / DD / YY

By signing this form you are acknowledging that as a minister of the Apostolic Assembly you are a Mandatory Reporter and, as such, you are legally obligated to report any case of abuse or neglect of a minor to the civil authorities and the church.

SECTION FOR FIRST TIME USE ONLY OR UPDATING INFORMATION

Social Security #: - - Marital Status: Single Married Widower

Date of Birth: MM / DD / YY Birth Place: _____ U.S. Citizen: Yes No

Date of Baptism (Water): MM / DD / YY Date of Baptism (Holy Spirit): MM / DD / YY

Date of Initiation: MM / DD / YY Place: _____

Date of Ordination: MM / DD / YY Place: _____

Have you completed the Bible College pre-requisites or passed an authorized equivalent? Yes No

Name of equivalent taken: _____

PASTORAL & EPISCOPAL SECTION

This application is in the ministerial category of: (Please mark the corresponding category)

\$200 Pastoral Credential

- Pastor
- Pastor in Charge
- National Missionary
- National Evangelist

\$100 Credential

- Co-Pastor
- Assistant Pastor
- Minister in Charge

\$80 License

- Minister

\$70 Certificate

- Initiate

BISHOP USE ONLY

- Courtesy
- Emeritus*
- Retired Pastor**

Bishop's Name: _____ Signature: _____ Date: MM / DD / YY

Pastor's Name: _____ Signature: _____ Date: MM / DD / YY

Church Address: _____

Church Mailing Address: (if different) _____

FOR OFFICE USE

Payment: _____ Processed By: _____ Date Processed: _____

General Secretary Signature: _____ Date: MM / DD / YY

*65 years old, 20+ years as pastor in the Apostolic Assembly, and General Board approved

**65 years old and 20+ years as pastor in the Apostolic Assembly