



International Ministerial Fellowship®

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Membership Services E-mail: carol@i-m-f.org

www.i-m-f.org

APPLICATION FOR MEMBERSHIP

Attach Passport
Photograph

(Application will not be
processed without photo)

Name: _____

Date: _____

CHAPLAINCY

I am interested in chaplaincy. (circle one) **MILITARY** **CIVILIAN**

I have already spoken to an IMF staff member regarding this matter. ___Yes ___No

MISSIONS

I am interested in missions with IMF: (circle one) **FOREIGN** **HOME**

I have already spoken to an IMF staff member regarding this matter: ___Yes ___No

DID YOU INCLUDE YOUR APPLICATION FEE?

First year's dues will be billed upon approval of your application.

PLEASE TYPE OR PRINT LEGIBLY, FILL IN COMPLETELY
AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE.
(Use additional pages as needed)

OFFICE USE ONLY

Date rec'd _____

Fee Paid \$ _____

Type pmt _____

APPLICATION FOR MEMBERSHIP

I am making application for membership and to receive the following credential: (check one)

- CERTIFIED CHRISTIAN WORKER** — Those called in various fields as helpers
- CERTIFIED LAY PASTOR** — Those called to serve as non-clergy, pastoral care ministers
- COMMISSION TO PREACH** — Those with a definite call to ministry serving under a mentoring Pastor
- SPECIAL MINISTRY LICENSE*** — Those seeking ministerial recognition whose primary or principle ministry is not preaching
- LICENSED MINISTER** — Those with demonstrated ministry experience authorized to perform all sacerdotal services
- ORDAINED MINISTER** — Those with an established and proven ministry who are performing sacerdotal services on a regular or ongoing basis
- ASSOCIATE MEMBER** — Lay and Clergy persons who are not credentialed through IMF

1. Name _____
2. Social Security Number _____ : _____ : _____
3. A first name by which you prefer to be addressed _____
4. Driver's License No. _____ State _____
5. Street Address _____
6. City _____ State _____ Zip _____
7. Country (if applicable) _____
- 7a. Will you be living/ministering outside the US? Yes No What country: _____
8. Phone: (Cell) (____) _____ (Res) (____) _____ (Bus) (____) _____ (Fax) (____) _____
E-mail address _____ Website _____
9. Nationality _____ Citizenship _____
10. Date of Birth _____ Male Female
11. Marital Status (check accordingly) Single Married Widowed Separated Divorced Remarried
(If separated, divorced or remarried, please attach a SEPARATE summary statement.)
Wedding Anniversary Date _____
12. Name of Spouse _____ Date of Birth _____
13. A first name by which he/she prefers to be addressed _____
14. Nationality _____ Citizenship _____
15. Number of children living with you _____ Name(s) and age(s) of children _____

16. How did you first learn about International Ministerial Fellowship? _____
17. When and where were you baptized? Name of church _____
Location City _____ State _____ Date _____ Year _____
18. What is the name and address of your home church? _____

Who is the Senior Pastor there? _____
19. What is the name and address of the church you are PRESENTLY attending? _____

* Included in this category might be those involved in police chaplaincy, pastoral care (counseling), worship, fine arts, humanitarian acts and/or other church-related ministries.

Initial _____

20. How long have you been attending regularly there? _____

a. What is the name of the Senior Pastor or Staff Pastor who is MOST familiar with you and your ministry gifts? _____

b. What is the phone number of this church? (_____) _____

c. Please circle the average Sunday morning attendance at the church you are currently attending (choose the number closest to the count).
10,000 7,500 5,000 3,500 2,000 1,000 800 600 400 200 100 75 50

21. Are you a Senior Pastor of a local congregation? Yes No Do you presently serve on the staff of a local church? Yes No

22. If you presently serve on the staff of a local church, mark the appropriate codes for your primary areas of ministry. Prioritize them by numbering them 1 to (x) with 1 being the highest or primary area of responsibility (number 2 would indicate your second most important area of responsibility, etc.)

- | | | |
|--|--|--|
| <input type="checkbox"/> The Senior Pastor (PA) | <input type="checkbox"/> Minister of Music (MOM) | <input type="checkbox"/> Workplace Chaplain (WC) |
| <input type="checkbox"/> Associate/Assistant Pastor (AP) | <input type="checkbox"/> Musical Ministry (MM) | <input type="checkbox"/> Licensed Psychologist (LP) |
| <input type="checkbox"/> Youth Minister (YM) | <input type="checkbox"/> Visitation Minister (VM) | <input type="checkbox"/> Christian Therapist (CT) |
| <input type="checkbox"/> Children's Minister (CM) | <input type="checkbox"/> Teacher (T) | <input type="checkbox"/> Church Administrator (CA) |
| <input type="checkbox"/> Children's Director (CD) | <input type="checkbox"/> Hospital/Hospice Chaplain (HC) | <input type="checkbox"/> Church School Administrator (CSA) |
| <input type="checkbox"/> Pastoral Counselor (PAC) | <input type="checkbox"/> Military Chaplain/Candidate (MC) | <input type="checkbox"/> Retreat/Camping Ministry (RCM) |
| <input type="checkbox"/> Evangelist (EV) | <input type="checkbox"/> Prison Chaplain (PRC) | <input type="checkbox"/> Para Church Organization (PCO) |
| <input type="checkbox"/> Director of Evangelism (DE) | <input type="checkbox"/> Prison Ministry (PM) | <input type="checkbox"/> Other Position (OP) _____ |

23. If you presently serve on staff at your church, please circle the average Sunday morning attendance (choose the number closest to the count).

10,000 7,500 5,000 3,500 2,000 1,000 800 600 400 200 100 75 50

24. What is your spiritual calling? Pastor Evangelist Teacher Missionary (Country _____)

Other _____

Describe _____

25. Describe the following: 1) your conversion experience, 2) your call to the ministry, 3) your church background, 4) your current ministry activities, and 5) why you chose to apply with IMF (please attach separate statements).

26. Do you aspire to be a military, hospital, or prison chaplain? Yes No

27. Do you require ecclesiastical endorsement? (Applies only to Chaplaincy) Yes No

28. How much time do you devote to your calling? (check one) 100% 75% 50% 25% Less _____

29. How are you supported financially? _____

a. Do you have another occupation? Yes No If so, what? _____

b. Name of business where you are employed _____

c. Hours per week _____ Work Phone Number _____

30. Are your finances in good order? Yes No

Do you have a good financial record? Yes No

Is your credit rating honorable to the name of Christ? Yes No

If you have answered no to any of the questions in number 30, please explain in detail on a separate sheet of paper.

31. With what religious organization are you currently affiliated? (See legend on page 4 and circle the appropriate response.)

AG SB AB CB CC COC CGCT CGAI EC UMC ELCA LCMS PCA PH IP IC SDA EF
Other _____

32. With what other religious organizations have you been identified and in what relationship? (See legend on page 4 and circle the appropriate response.)

AG SB AB CB CC COC CGCT CGAI EC UMC ELCA LCMS PCA PH IP IC SDA EF
Other _____ Relationship _____

Initial _____

LEGEND: Abbreviations for Denominations of Religious Groups

AB = American Baptist	COC = Church of Christ	PCGA = Pentecostal Church of God in America
AG = Assembly of God	EC = Episcopal Church	PH = Pentecostal Holiness
CB = Conservative Baptist	EF = Evangelical Free	PCU = Presbyterian Church USA
CC = Christian Church	ELCA = Evangelical Lutheran Church in America	Q = Quaker
CCCC = Conservative Congregational Christian Conference	EPC = Evangelical Presbyterian Church	RC = Roman Catholic
CGAI = Church of God/Anderson, IN	FM = Free Methodist	SB = Southern Baptist
CGCT = Church of God/Cleveland, TN	GCB = General Conference Baptist	SDA = Seventh Day Adventist
CGIC = Church of God in Christ	IC = Independent Charismatic	UCC = United Church of Christ
CMA = Christian and Missionary Alliance	IP = Independent Pentecostal	UMC = United Methodist Church
	LCMS = Lutheran Church/Missouri Synod	Other _____

33. If previously licensed or ordained, check accordingly
 Licensed month _____, day _____, year _____ Ordained month _____, day _____, year _____
 By whom? _____ (See legend above and circle the appropriate response.)
 AG AB CB CC CGAI CGCT CMA COC EC EF ELCA IP IC LCMS PCGA PH RC DA SB UMC
 Other _____
34. Have you considered the Statement of Faith and are you in agreement with it? Yes No
35. Have you considered our Standard of Conduct, Core Values, Code of Ethics and Constructive Discipline Policy and do you agree to abide by them? Yes No
36. Do you have a criminal record or charges pending against you? Yes No If yes, explain each incident indicating whether or not the matter is resolved and under the blood of Christ and that restitution has been made where Biblically appropriate and possible (use additional pages). An additional fee will be charged to cover the cost of a criminal records check.
37. Do you agree to live a Biblically moral lifestyle; one worthy of the Christian ministry profession? Yes No
38. Are you available for a personal interview in your Regional Area? Yes No
39. Do you understand and agree that should you voluntarily withdraw from the Fellowship, fail to renew membership or have your membership removed for just cause, you must return your IMF membership I.D. card and wall certificate to the IMF office within 30 days of membership expiration? Yes No Do you promise to do so? Yes No
40. Have you read our requirements for General Membership and do you qualify for membership by these standards? Yes No
41. List any formal education you have received, including the names and location of any schools you attend or from which you have graduated: (Please forward transcripts from educational institutions or training organizations)

Name and Location of School (City/State)	Graduated	Years Completed					Degree(s) Achieved and majors
		1	2	3	4	5	
A) High School _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B) University or Bible College _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C) Graduate School _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D) Seminary _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E) Correspondence courses completed _____							_____
F) Seminars/Workshops/Conferences Attended _____							_____

42. List below the name, address, and phone number of six personal references who are acquainted with your ministry gifts and history of your Christian service including on line #1 your Pastor or another Pastor of an established congregation. Include area codes with your phone numbers. A fax number is very helpful. **An e-mail address helps expedite the process.** Additional references may include ministers, elders, deacons and other religious leaders. Please print clearly.

1. _____
 (Name) (Street Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Fax Number) (E-mail Address)

(Name of Church) (Street Address) (City) (State) (Zip)

(Must be your current pastor, previous pastor or a current pastor of another established congregation.)

2. _____
 (Name) (Street Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Fax Number) (E-mail Address)

In what capacity do you know this person

3. _____
 (Name) (Street Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Fax Number) (E-mail Address)

In what capacity do you know this person

4. _____
 (Name) (Street Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Fax Number) (E-mail Address)

In what capacity do you know this person

5. _____
 (Name) (Street Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Fax Number) (E-mail Address)

In what capacity do you know this person

6. _____
 (Name) (Street Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Fax Number) (E-mail Address)

In what capacity do you know this person

43. **Financial Plan.** All members pay their annual membership fee. However, since our membership fees do not cover all of our operational costs, our Board requires our members to participate in one of our monthly giving programs (see enclosed program description entitled, “Your Financial Responsibility”). Please complete the Faith Promise, sign and return it with your application and non-refundable application fee.

NOTE: DON'T FORGET TO FILL OUT THE STATEMENT OF RECORD ON THE BACKSIDE AND HAVE DOCUMENT NOTARIZED.

Statement of Record

(Criminal Record or Charges Pending)

This form must be completed by all who apply for or hold membership, ministerial credentials, and/or ecclesiastical endorsement credentials from the International Ministerial Fellowship.

(Please type or print legibly)

Have you ever been charged with, accused of, investigated for, moved because of, or transferred to another position because of any sexual misconduct or sexual harassment?

(Initial your response) **No** _____ **Yes*** _____

* If your response is "yes," please give a full explanation of the issues in a letter addressed to this office. Information so shared will be considered sensitive and will be restricted to only those who must know in order to make decisions regarding membership, ministerial credentialing, or ecclesiastical endorsement through the International Ministerial Fellowship.

No application for membership, ministerial credentialing, or ecclesiastical endorsement will be processed without this signed and dated document.

By my signature, I certify that the above and attached (if applicable) is true and accurate. I understand that falsification of this data in any manner will bring immediate revocation of my membership, ministerial credentialing, or ecclesiastical endorsement and/or cessation of the application process. I further understand that if I am ever charged with, accused of, investigated for, moved because of, or transferred to another position because of any sexual, criminal, or ethical misconduct, that **I will immediately (within 72 hours) contact the International Ministerial Fellowship office to report the same.** I understand that failure to do so may bring immediate revocation of my membership, ministerial credentialing, and/or ecclesiastical endorsement.

This agreement is for your protection and the protection of the other members of the Fellowship. If you have any questions about it, please feel free to call our office and talk to one of our staff people. We are here to help you.

AGREEMENT

I acknowledge and affirm that the information provided by me in this Application, including all attachments and exhibits, is true and correct to the best of my knowledge. I understand that if I am granted general membership or receive credentials of any kind from International Ministerial Fellowship (IMF), my membership and any credentials may be withdrawn or terminated by IMF, at any time and without notice, if any information is false or misleading.

I hereby authorize IMF and its agents to conduct a complete investigation of my background, character, reputation and fitness, before granting me general membership in IMF or affording me any credentials or certification.

This Application shall constitute authority to all of my past and present employers, to all educational institutions I have attended, to all religious institutions and other organizations to which I have been associated, to all government entities (including criminal records check), and to any other person or entity having information about me, to fully disclose such information to IMF. Such information includes, but shall not be limited to, personnel files and records, grades and grade point averages and transcripts, earned degrees, professional licenses, attendance and discipline records, complaints, sus-

pensions, license revocations or fines, and such other oral and written information which, in the exclusive discretion of IMF, may be relevant to determining my suitability for general membership and credentials of any kind.

I hereby release any such employer, educational or religious institution, government entity, and other person or entity, and their representatives and agents, from any claim or liability of any kind for complying with such information requests of IMF. I also hereby release IMF and its representatives and agents from any claim or liability of any kind in conducting such investigation.

I authorize the making and retention of photocopies or facsimiles of all such information, and request that photocopies or facsimile copies be accepted on the same basis as original documents.

Signature _____ Date _____

Subscribed and affirmed to before me this ____ day of _____, 20 ____.

Notary Public _____ Notary Stamp _____

Initial _____

CLERGY TRACK - BIBLICAL AND THEOLOGICAL PROFILE

Only applicants for Commission to Preach, Special Ministry License, Licensed Minister and Ordination complete the following: (Front & Back)

Please answer the following giving appropriate **SCRIPTURAL REFERENCES** (use additional pages as needed).

NOTE: Profile will be returned if Scriptural references are not included.

1. Are modern day revelations, visions and prophetic utterances EQUAL IN AUTHORITY with the Bible? Yes No

If one conflicts with the other, which takes precedence (check one)? Prophetic utterance Bible

2. Select six of the following which declare the deity of the Lord Jesus Christ and check accordingly:

- | | | |
|--|---|---|
| <input type="checkbox"/> His virgin birth | <input type="checkbox"/> His driving the money changers from the temple | <input type="checkbox"/> His substitutional work on the cross |
| <input type="checkbox"/> His confounding lawyers at age 12 | <input type="checkbox"/> His bodily resurrection from the dead | <input type="checkbox"/> The price of His betrayal |
| <input type="checkbox"/> His miracles | <input type="checkbox"/> His temptation in the wilderness | |
| <input type="checkbox"/> His exaltation to the right hand of God | <input type="checkbox"/> His sinless life | |

3. Did the fall of man result from voluntary or involuntary transgression (include Scriptural references)? _____

Scripture references: _____

4. Define "spiritual death" (include Scriptural references) _____

Scripture references: _____

5. What are the conditions of salvation (include Scriptural references)? _____

Scripture references: _____

6. What is the inward evidence of salvation (include Scriptural references)? _____

Scripture references: _____

7. What is the outward evidence of salvation (include Scriptural references)? _____

Scripture references: _____

8. What are the elements of Holy communion and what is their meaning (include Scriptural references)? _____

A. Elements: _____

B. Meaning: _____

9. How do you baptize and what is the meaning of water baptism (include Scriptural references)? _____
A. How: _____
B. Meaning: _____

Scripture references: _____
10. What is your understanding pertaining to the Baptism of the Holy Spirit and what is your experience pertaining to your understanding (include Scriptural references)? _____
A. Explain: _____

B. Personal Experience: _____

Scripture references: _____
11. What is your understanding of sanctification (include Scriptural references)? _____

Scripture references: _____
12. Is sickness always the result of sin by the sick person (include Scriptural references)? Yes No
13. Is healing provided for in the atonement (include Scriptural references)? _____

Scripture references: _____
14. Define tithing (include Scriptural References). _____

Scripture references: _____
15. Do you believe it is God's will that each of us tithe (include Scriptural references)? _____

Scripture references: _____
16. What is the "blessed hope" spoken of in Scripture (include Scriptural references)? _____

Scripture references: _____
17. What is your understanding of spiritual gifts and their relevance for the church today (include Scriptural references)? _____

Scripture references: _____

Print Name _____

Signature _____ Date _____