

Association of Faith Churches and Ministries (Canada)

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OFFICE USE ONLY

*Date Sent _____
Date Received _____
Ck. No. _____ Amount \$ _____
Spouse Application _____ Yes _____ No
*Application only valid for 3 months from
date sent.

APPLICATION

1. Attach a CURRENT PHOTO, (head and shoulders only).
If you and your spouse are both applying, two separate applications
must be completed and individual photographs attached.
2. Please staple AFCM dues to this form. A \$25.00 NON-REFUNDABLE
application fee is **INCLUDED** in the dues. (Applications will not be
processed without dues.)
3. Please TYPE or PRINT CLEARLY. If the question does not apply, type N/A
4. I am applying for: (Check one)
 - ☐ Ordination \$100.00
 - ☐ Provisional Licensing \$100.00
 - ☐ Ministerial Licensing \$100.00
 - ☐ Affiliate Only \$ 75.00

NOTE: To be an Affiliate Only you must already hold ministry credentials
(license or ordination) with another ordaining body; please enclose a copy.

PLEASE
ATTACH
PHOTO
HERE

A. PERSONAL DATA

Last Name	First Name	(Preferred First Name)	Middle Name	Maiden Name
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Home Information

Address	City, Prov.	P. Code	Country
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Phone No.	Cell. No	Fax No.	Personal E-Mail Address
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Ministry Information

Ministry/Church Name _____

Address	City, Prov.	P. Code	Country
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Phone No.	Fax No.	Office E-Mail Address	Website
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To which address do you prefer mail to be sent? ☐ Home ☐ Office

MM / DD / YYYY

S.I.N.	Gender	Date of Birth	Age	Citizenship - If not Canadian, please provide
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MARITAL STATUS ☐ Married ☐ Engaged* ☐ Single ☐ Widowed ☐ Separated** ☐ Divorced**

*Confirm in writing when married.

**If separated or divorced, provide thorough and complete details on separate sheet including date of divorce or separation.

MM / DD / YYYY

MM / DD / YYYY

Spouse or Fiancé(e) Name	Date of Birth	Marriage Date, present or proposed.
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- ☐ Yes ☐ No Is your spouse or fiancé(e) saved and filled with the Holy Spirit with the evidence of speaking in tongues?
☐ Yes ☐ No Are you and your spouse or fiancé(e) willing to submit to the leadership of AFCM?
☐ Yes ☐ No Does your spouse or fiancé(e) support your call and ministry? If not, explain on a separate sheet.

B. CHURCH ATTENDANCE AND REFERENCES

List the name of the church you currently pastor or attend.

Name of Church	Senior Pastor	Telephone
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Mailing Address	City	Prov.	P. Code
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How long have you pastored or attended this church? _____

If less than one year, state the reason, and list the name of the last church you attended, including the pastor's name, address and phone number, how long you attended, and the reason for leaving.

If you are NOT currently involved in your local church, please BRIEFLY explain on a separate sheet.

Have you ever been involved in a church split? ☐ Yes ☐ No If yes, when did it take place, and how were you involved?

C. CHARACTER REFERENCE

(Someone other than a relative **who has known you well for three (3) years or more**. This reference must be in addition to the recommendation forms included in this application.)

Name	Address
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City	Prov.	P. Code	Telephone
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D. YOUR MINISTRY

Do you have a definite call of God on your life to enter the full-time ministry? ☐ Yes ☐ No

If yes, BRIEFLY explain when, how, and why you know you are called of God.

Are you now in full-time ministry? ☐ Yes ☐ No If no, please BRIEFLY explain on a separate sheet .

In what field of ministry are you currently involved?

<input type="checkbox"/> Pastor	<input type="checkbox"/> Asst. Pastor	<input type="checkbox"/> Missionary (residing on foreign soil)	<input type="checkbox"/> Youth	<input type="checkbox"/> Music Ministry
<input type="checkbox"/> Helps	<input type="checkbox"/> Itinerant*	<input type="checkbox"/> Missionary (residing in your home country)	<input type="checkbox"/> Children's Pastor	<input type="checkbox"/> Chaplain

* If you are an ITINERANT, in which area do you specialize? ☐ Evangelism ☐ Music ☐ Children ☐ Youth

* If you are in the ministry of HELPS, do you teach/preach on a regular basis? ☐ Yes ☐ No

If you are a pastor, what is the average attendance of your primary service? _____

Are you or have you ever been Licensed or Ordained? If so, state the Denomination/Organization and date credentialed. Please enclose a copy of the credentials if they are current.

If you are leaving or have left this Denomination/Organization, please explain why. _____

Do you agree with the AFCM Statement of Faith? ☐ Yes ☐ No If you disagree with any point, please explain on a separate sheet.

Why do you want to join AFCM and how can AFCM help you in your ministry? Explain.

How did you hear about AFCM? _____

Have you previously submitted an application to AFCM? ☐ Yes ☐ No If so, when? _____

E. YOUR SPIRITUAL LIFE _____

Date you were saved. _____ Date you were baptized by immersion. _____

BRIEFLY relate your conversion experience. _____

Date you were filled with the Holy Spirit with evidence of speaking in tongues. _____

Please explain your stand on the message of faith. _____

☐ Yes ☐ No Have you used any form of tobacco products in the past 10 years? If so, list date you last use them? _____

☐ Yes ☐ No Have you used alcohol in any form in the past 10 years? If so, list date you last use it? _____

☐ Yes ☐ No Have you used illegal drugs in the past 10 years? If so, list date you last use them? _____

If you have answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on a separate sheet.

We feel that in order for a person to assume a leadership role in Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from the use of tobacco, alcohol (including wine), or illegal drugs.

Understanding our position on the matter, please indicate below your decision concerning our policy.

☐ I will abide by this policy. ☐ I cannot abide by this policy.

I understand that if AFCM is notified that I have violated the above-stated policy, it will be grounds for immediate dismissal.

Signature _____ Date _____

- ☐ Yes ☐ No Have you ever been convicted of a felony?
- ☐ Yes ☐ No Have you ever been accused, questioned, or investigated for child abuse, neglect or molestation?
- ☐ Yes ☐ No Have you ever been accused, questioned, or investigated for spousal abuse?
- ☐ Yes ☐ No Have you ever been involved in homosexual activities?
- ☐ Yes ☐ No Have you ever been involved in an extramarital relationship/affair?

If you have answered yes to any of the above questions, please explain on a separate sheet.

It is a requirement of AFCM for all churches, ministries, registrants and organizations to conduct thorough Federal background searches on all employees and/or volunteers who work in the children and youth departments. The investigations should cover anyone having access to children whether it is at a camp, field trip, Sunday school, nursery, etc. Failure to conduct background searches will be cause for cancellation of ordination and/or license credentials.

F. YOUR VISION _____

In an effort to understand your vision concerning your ministry, please attach a one-page essay. Please print or type.

G. EDUCATIONAL HISTORY

Circle highest level attained in each applicable category: Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED

☐ Vocational/Technical: 1 2 ☐ College: 1 2 3 4 ☐ Bible School: 1 2 3

Degree(s): ☐ Bachelor's ☐ Master's ☐ Specialist ☐ Doctorate

List all higher educational institutions attended and degree(s) earned, including Bible School.

NAME & LOCATION OF SCHOOL	DATES	MAJOR	DIPLOMA or DEGREE

H. STATEMENT OF TRUTH

- ☐ I understand that all items submitted to AFCM Canada as part of the application process become the permanent property of AFCM Canada &nd will not be returned.
- ☐ I acknowledge that I agree with the Tenets of Faith and Ministerial Ethics set forth by the Association of Faith Churches and Ministries (Canada).
- ☐ I hereby state my willingness to submit to the spiritual authority and guidelines of AFCM. If at any time I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority for any reason, I will forfeit and return my ministerial credentials (certificate and wallet card) to AFCM.
- ☐ I understand AFCM Canada is required to give an updtde on all registrants annually. This includes not only active registrants, but also those whose registration has "Lapsed" due to non-renewal, those who have "Withdrawn" and those who may have been "Dismissed" during the course of the year. I understand that if my registration lapses, or if I withdraw from or am dismissed from AFCM, my name will appear in the appropriate category in the next AFCM Canada Directory.
- ☐ I understand this application will be held in confidence. Only those persons with a need to know will review it. I grant AFCM and its leadership permission to verify information on this application to include criminal background and credit history.
- ☐ I hereby state that all the information contained on this application is correct and true. If AFCM Canada is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.
- ☐ I consent to AFCM International and AFCM Canada communicating with me through any and every means of social media

Signature

Date

IMPORTANT: Please review your application before mailing and complete the following information for recommendations. Incomplete applications will be returned to you for completion.

Personal Recommendation Sent to: _____

Pastoral Recommendation Sent to: _____

- ☐ Application Completed ☐ Payment Enclosed ☐ Vision Essay Enclosed ☐ Photograph attached
- ☐ Application Signed in **both** Section **E** and Section **H**

FOR OFFICE USE ONLY

☐ APPROVED

☐ DECLINED

Regional Director

Date

Dr. Jim Kaseman, President or Governing Authority

Date