

International Fellowship of Christian Ministries, Inc.

## Ministry Credential Application

**\*\* Please include two passport size photographs. \*\***

### Personal Information

1. Full Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Website \_\_\_\_\_  
Email \_\_\_\_\_
3. Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_
4. Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widowed
5. If divorced, how many times? \_\_\_\_\_. Please list date and reason for each divorce on a separate sheet. If remarried, please list date and circumstances on a separate sheet.
6. Name of Spouse \_\_\_\_\_ Born again? \_\_\_\_\_
7. Number of Children \_\_\_\_\_ Age of Children \_\_\_\_\_
8. Citizen of the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, specify citizenship.) \_\_\_\_\_  
List languages you can speak. \_\_\_\_\_
9. How long have you been born again? \_\_\_\_\_ Mos. \_\_\_\_\_ Years

### Ministry Experience

1. Do you work outside of ministry? \_\_\_\_\_ If so, please state occupation. \_\_\_\_\_
2. Name and address of your home church:  
\_\_\_\_\_  
\_\_\_\_\_

Please list your ministry experience, starting with the most recent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Educational Background

1. Education (Please circle the highest grade attended.) 1 2 3 4 5 6 7 8 9 10 11 12  
GED \_\_\_\_\_ Vocational Training \_\_\_\_\_  
College 1 2 3 4 \_\_\_\_\_ Assoc. \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_  
Other: \_\_\_\_\_

## Ministry Credentials

1. Do you hold ministerial credentials with International Fellowship of Christian Ministries? \_\_\_\_ Yes \_\_\_\_ No

Credential Held: \_\_\_\_ Visitation \_\_\_\_ License \_\_\_\_ Ordination \_\_\_\_ Associate Member

2. Are you applying for: \_\_\_\_ Visitation \_\_\_\_ License \_\_\_\_ Ordination

3. Have you held credentials with any other organization? \_\_\_\_ Yes \_\_\_\_ No

4. Name of Organization \_\_\_\_\_

Type of Credentials Held: \_\_\_\_\_

5. Do you currently hold these credentials? \_\_\_\_ No \_\_\_\_ Yes

6. If granted ministerial credentials with International Fellowship of Christian Ministries I pledge to support the works of IFCM, Inc. with a monthly contribution of 1% of my total income, considered professional dues, and look to God to honor his commitment of faithfulness. I shall also do my best to spread the Gospel of the Kingdom of God and the general principles of the fellowship. \_\_\_\_ No \_\_\_\_ Yes

7. How did you find IFCM?

\_\_\_\_\_

8. Would you be interested in IFCM Mission Trip Opportunities? \_\_\_\_\_

## Ministry References

Please list two Personal References along with your Pastor's Name and Contact Phone number.

### Reference One

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

### Reference Two

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

### Pastoral Recommendation

Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

## IFCM Missions

1. How did you find IFCM?

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2. Would you be interested in IFCM Mission Trip Opportunities? \_\_\_\_\_

## Applicant Signature

I, \_\_\_\_\_ hereby apply for ministerial recognition by International Fellowship of Christian Ministries, Inc. and grant permission to pursue by investigation all facts hereto stated. Permission is granted to request information concerning pastoral or personal recommendations as needed.

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Signature/Date

We believe there are other God-called fellowship, organizations, and associations of which International Fellowship of Christian Ministries, Inc. is one of many. International Fellowship of Christian Ministries, Inc. maintains the right to deny, revoke, repossess or withhold ministerial credentials.

I understand that all items related to this application are submitted to IFCM are a part of the application process and become the permanent property of IFCM and will not be returned to me. I hereby state that all the information contained in this application is correct and true. If IFCM is notified that any information contained herein is false, it will be grounds for my immediate dismissal. I also understand that completion of this application in no way guarantees or implies acceptance as a member of IFCM.

I understand that the information contained on the Personal Recommendation Form, the Pastor's Recommendation Form is confidential. I hereby waive my right to see the confidential information contained therein and release said information to become the property of IFCM.

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Signature/Date

\*\* There is a non-refundable application fee of \$50.00. Please submit with your application. There is also an annual renewal fee to pay for secretarial duties and materials in reference to processing of credentials. Please make your checks payable to International Fellowship of Christian Ministries (IFCM).

If you would like to pay by Credit Card, we would be happy to take your payment over the phone. For your convenience, we accept, VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER.

**(352) 383-4777**



Mailing Address: International Fellowship of Christian Ministries  
P.O. Drawer 236 - Mt. Dora, Florida 32756-0236  
Phone: 352-383-4777 Fax: 352-735-1084

**Questions or Comments? Feel free to contact IFCM at: [admin@ifcmglobal.com](mailto:admin@ifcmglobal.com)  
Or Visit Us Online at: [www.ifcmglobal.com](http://www.ifcmglobal.com)**

International Fellowship of Christian Ministries, Inc.  
Phone: (352) 383-4777  
ifcglobal.com

**My Testimony:**

International Fellowship of Christian Ministries, Inc.  
Phone: (352) 383-4777  
ifcmglobal.com

**Please Describe your Ministry:**

## Pastoral Questionnaire

(If you are currently pastoring a church, please fill out the information requested on this form.)

1. How long have you been a pastor? \_\_\_\_\_ Years
2. Have you obtained a 501 c3? \_\_\_\_\_ No \_\_\_\_\_ Yes
3. When did you begin to pastor your current church? Year \_\_\_\_\_
4. How many members did you have when you began to pastor this church? \_\_\_\_\_
5. How many members do you have? \_\_\_\_\_
6. Are the following programs active in your church?
  - Evangelism \_\_\_\_\_
  - Children's Ministry \_\_\_\_\_
  - Youth Ministry \_\_\_\_\_
  - Singles' Ministry \_\_\_\_\_
  - Other: \_\_\_\_\_
7. What type of Community Service is your church involved in?  
\_\_\_\_\_  
\_\_\_\_\_
8. What other programs are you involved in?  
\_\_\_\_\_  
\_\_\_\_\_