



International Fellowship of Ministers

5900 Old Branch Avenue
Temple Hills, MD 20748
Tel: (301) 899-5942 FAX: (301) 899-0694
Membership Services E-mail: ebelle@eagcs.org

Application for Membership

Attach Passport
Photograph
(Application will not be
processed without photo)

Name: _____

Date: _____

PLEASE INCLUDE YOUR APPLICATION FEE OF \$100.00

Upon approval, monthly contributions will be payable to the International Fellowship of Ministers at the above address, in an amount equivalent to 10% of your tithe.



International Fellowship of Ministers

OFFICE USE ONLY
Date rec'd _____
Fee Paid \$ _____
Type pmt _____

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

APPLICATION FOR MEMBERSHIP

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

- CERTIFICATE OF RECOGNITION**
- LICENSE TO MINISTER** — Those with demonstrated ministry experience authorized to perform all sacerdotal services regular or ongoing basis
- ORDINATION (Transfer or New – If transfer, please submit a copy of your current credentials.)**
- ASSOCIATE MEMBER** — Lay and Clergy persons who are not credentialed through IFM

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 _____

Initial _____

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 IFM? _____
 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? _____

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.)

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

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 _____

Initial _____

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 (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

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 6 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 _____

_____ The Senior Pastor (PA)

_____ Associate/Assistant Pastor (AP)

_____ Youth Minister (YM)

_____ Children's Minister (CM)

_____ Children's Director (CD)

_____ Pastoral Counselor (PAC)

_____ Evangelist (EV)

_____ Director of Evangelism (DE)

_____ Minister of Music (MOM)

_____ Musical Ministry (MM)

_____ Visitation Minister (VM)

_____ Teacher (T)

_____ Hospital/Hospice Chaplain (HC)

_____ Military Chaplain/Candidate (MC)

_____ Prison Chaplain (PRC)

_____ Prison Ministry (PM)

_____ Workplace Chaplain (WC)

_____ Licensed Psychologist (LP)

_____ Christian Therapist (CT)

_____ Church Administrator (CA)

_____ Church School Administrator (CSA)

_____ Retreat/Camping Ministry (RCM)

_____ Para Church Organization (PCO)

_____ Other Position (OP)

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 reviewed the IFM Overview with Credential and General Requirements for the IFM 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

Initial _____

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 IFM 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
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"/> 1 2 3 4	_____
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"/> 1 2 3 4	_____
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"/> 1 2 3 4	_____
D) Seminary _____ _____ City State	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	_____

E) Correspondence courses completed _____

F) Seminars/Workshops/Conferences Attended _____

**LEGEND for Question #32:
Abbreviations for Denominations of
Religious Groups**

AB = American Baptist
 AG = Assembly of God
 CB = Conservative Baptist
 CC = Christian Church
 CCCC = Conservative Congregational Christian

Conference
 CGAI = Church of God/
 Anderson, IN
 CGCT = Church of God/
 Cleveland, TN
 CGIC = Church of God in Christ
 CMA = Christian and
 Missionary Alliance

COC = Church of Christ
 EC = Episcopal Church
 EF = Evangelical Free
 ELCA = Evangelical Lutheran Church in
 America
 EPC = Evangelical Governorian Church
 FM = Free Methodist
 GCB = General Conference Baptist

Initial _____

IC = Independent Charismatic
IP = Independent Pentecostal
LCMS = Lutheran Church/
Missouri Synod
PCGA = Pentecostal Church of God in America
PH = Pentecostal Holiness

PCU = Governorian Church USA
Q = Quaker
RC = Roman Catholic
SB = Southern Baptist
SDA = Seventh Day Adventist
UCC = United Church of Christ

UMC = United Methodist Church
Other _____

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

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

Initial _____

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 Fellowship of Ministers.

(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 Fellowship of Ministers.

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 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 the International Fellowship of Ministers, my membership and any credentials may be withdrawn or terminated by the International Fellowship of Ministers, at any time and without notice, if any information is false or misleading. I hereby authorize the International Fellowship of Ministers and its

agents to conduct a complete investigation of my background, character, reputation and fitness, before granting me general membership in the International Fellowship of Ministers 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 the International Fellowship of Ministers. 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, suspensions, license revocations or fines, and such other oral

and written information which, in the exclusive discretion of , 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 the International Fellowship of Ministers. I also hereby release the International Fellowship of Ministers 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.

Initial _____

CLERGY TRACK - BIBLICAL AND THEOLOGICAL PROFILE

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 substitution 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 over
<input type="checkbox"/> His miracles	<input type="checkbox"/> His temptation in the wilderness	<input type="checkbox"/>
<input type="checkbox"/> His exaltation to the right hand of God	<input type="checkbox"/> His sinless life	<input type="checkbox"/>

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)? _____

Initial _____

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: _____

Initial _____

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 _____

Initial _____

International Fellowship of Ministers

Overview

The International Ministerial Fellowship will be developed into a 501(c) 3 non-profit organization. The organization will provide a breeding ground for fellowship among pastors, ministers and those seeking credentials, mentorship and coaching.

Board of Governors:

The organization will be governed by a Board of Governors:

- Rev. St. Clair Mitchell, Temple Hills, MD
- Dr. Cathy Allen, Temple Hills, MD
- Bishop Wayne Babb, Phenix City, AL
- Rev. James Belle, Richmond, VA
- Rev. Ralph Dorsey, Washington, D.C.
- Rev. Ron Johnson, Hollywood, FL
- Pastor Sheena Pinder, Nassau, Bahamas
- Rev. John Delice, Seaford, DE
- Rev. George Phillips, St. Thomas, VI
- Bishop Odell McFarland Jr., Alpharetta, GA

Services:

The organization will provide the following services/benefits:

- Coaching
- Covering
- Credentials
- Death Benefits
- 403 (b) Retirement Plan
- Ministerial Support

CREDENTIALS AND GENERAL REQUIREMENTS:

Initial _____

General Partnership Requirements:

Partners will...

- a have accepted Jesus Christ as their personal Lord and Savior.
- b accept the Bible written and undivided as their guide for living .
- c have a spiritual call to Christian ministry and service.
- d commit themselves to a life of spiritual growth and service.
- e evince your call to Christian ministry in your life, Bible study and Christian service.
- f will faithfully and consistently support the Fellowship as led by the Spirit of God.
- g complete the application process, meet the appropriate partnership and credential's requirements and interview successfully.

Certificate of Recognition (COR)

- A Certificate of Recognition granted entitles the covenant partner to all the rights and privileges accorded to a General Partner. Ordained or licensed clergy who are granted a COR are afforded the same respect as an IFM partner with their clerical standing. Although the partner may be credentialed by their own denomination, we honor them and the ministry God has established through their faithful service to Christ.
- In some instances a partnership in the IFM will be transitional for several years while the partner works toward full ordination in their own denomination. Other times circumstances may prevent the candidate from pursuing ordination in their own denomination and we may be able to serve their denominational church and the partner in a special role for a longer period of time. When they have accomplished personal goals that might require them to otherwise leave IFM, they may choose to continue a relationship with us.
- Also, there may be Christian businessmen who want to be a part of what we are doing, but do not feel called as a clergy person and prefer to be affiliated with IFM by receiving Certificate of Recognition. We welcome them. We need them and their business knowledge to help us chart the course for this ministry.

Requirements for Certificate of Recognition

- Meet the requirements of a General Partner
- Be recommended for a Certificate of Recognition by your senior pastor or the pastor of an established congregation.
- Complete the application process and interview successfully.

Initial _____

- Meet other criteria as determined by the Board of Governors.
May transfer a credentialed partnership of IFM to Partner by request to the Board of Governors with approval.

- **License to Minister (LTM)**
 - A License to Minister is a credential which is provided to persons who have some biblical and theological training ministry experience but need further knowledge or experience in order to be fully established. Such persons are authorized to perform all sacerdotal services.

Requirements for License to Minister LTM

- Meet the general requirements for general partnership.
- Be recommended for licensing by your pastor or another pastor of an established congregation.
- Demonstrate an acceptable level of biblical and theological proficiency.
- Be recommended for licensing by your peers in Christian ministry.
- Other criteria as determined by the Board of Governors.
- Normally, a person will serve at least two years with a Licensed Minister's credential before being considered for the next credential in the ministry track offered by IFM. The next credential in the ministry track is the Ordained Minister's credential.

▪ **Ordination**

- An Ordained Minister's credential is provided to those persons who have, "an established and proven ministry." Such persons are not only authorized to perform sacerdotal services, but are also required to be performing sacerdotal services on a regular or ongoing basis.

Requirements for Ordination

- Meet the general requirements for general partnership.
- Be recommended for ordination by your pastor, church elders or other approved religious leaders.
- Be recommended by your peers in Christian ministry.
- Demonstrate a level of biblical and theological proficiency.
- Have an established and proven ministry (this may include a transfer of ordination from another recognized church, fellowship or denomination).
- Be performing sacerdotal services on a regular or ongoing basis.

Initial _____

- Other criteria as determined by the Board of Governors.

Process:

An application process has been developed along with requirements for each level. The applicant will enter into a covenant relationship with the International Ministerial Fellowship upon acceptance into the fellowship.

- An application for approval should be submitted to the Board of Governors Board for review.
- An Interview will be held with each candidate at the discretion of the Board of Governors Board.
- The candidate will be notified upon acceptance and approval of the application.

Contributions:

To maintain credentials covenant partners will be required to make monthly contributions to the fellowship. Contributions will be based an amount equivalent to 10% of the covenant partners tithe. There will also be a monthly fee to be determined for those partners who desire the coaching level only.

Initial _____