### APPLICATION FOR MINISTERIAL MEMBERSHIP

| DAY | MONTH | YEAR |  |
|-----|-------|------|--|
|     |       |      |  |
|     |       |      |  |

This application must be filled out in its entirety and submitted by candidates who for the first time wish to request RGM credentials, be it Pastors, Ministers, or Laypersons. For the consideration and adequate study of this request, please provide all the information as noted. If you should need more space, please use additional paper noting the number of the question you'd like to expand your answer for. Attach certifications and diplomas that support your studies or training related to the activity you'd like to be certified in or acquire a credential. Please use black or dark blue ink and print as clearly as possible to avoid errors. Once filled out, please send by mail to the address provided below. Be sure to attach the following documents without which this application will not be processed:

- Two (2) Passport type photographs 2"x2"
- Background Check certificate
- Photocopies of personal identity documents
- Check or money order made payable to *Red Global de Ministerios* by the applicable rights as follows:
- \$50 USD (if unavailable in US Dollar, then in your national currency)
- Please send all required documents to:

M RED GLOBAL DE MINISTERIOS INC., RNC 4-30-19888-9 República Dominicana: Iglesia Jesucristo Verdad y Vida Plaza Botánika, al lado de los laboratorios Amadita Calle la Vega Real 100, Arroyo Hondo, Santo Domingo, Distrito Nacional República Dominicana.

Our offices are available to assist you with any concerns, please contact us at the telephone numbers (829) 525–0203 / (809) 430-3757 / (561) 572-5616 for assistance in filling out your application.

For any other information, you may contact us via email at: rglobaldeministerios@gmail.com



| Please mark with an "X" the credential for which you      | are applying:   |
|---|---|
| (ML) Minister License                                     |   |
| (MO) Certificate of Ordination                            | (TR) Transfer   |
| (CM) Ministerial Covering                                 | Other:  |
| Have you been a member of a conference under the          | covering of RGM?  |
| Conference name:  | Telephone: ()   |
| Name of Bishop / Apostle:                                 |   |
| Have you been a member of a church under the cove         | ering of RGM?   |
| Name of church:   | Telephone: ()   |
| Name of pastor:   |   |
|   | INFORMATION:  |
| Complete name:      Mailing address:                      | City:   |
|   | city:<br>Country Code:  |
|   | Cell.: ()   |
|   |   |
|   | ·   |
| 7. What position do you currently hold in the ch          |   |
| Senior Pastor Assistant Pastor Assoc. Pastor Youth Pastor | Children's Pastor Worship Minister Evangelist Missionary Bible Instructor |
| 8. Name of church:  |   |
| 9. Church address:  | City:   |
| 10. Province: Country:                                    | Country Code:   |
| 11. Church telephone:                                     | Fax:  |
| 12. Church email address:                                 |   |
| 13. Church WEB Page: www                                  |   |
| 14. Number of active church members:                      | <del></del>   |

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### APPLICANTS STATISTICAL AND FAMILY INFORMATION:

| 15. Current occupation:   | Tit                    | le:                    |                  |
|---|------------------------|------------------------|------------------|
| 16. Identification Num.:  | Passport:              | Exp. Date:             | JJ               |
| 17. Place and date of birth:  |                        | //                     | /                |
| 18. Nationality:  |                        |                        |                  |
| 19. Marital Status: Single Married W  |                        |                        | ated             |
| 20. If married, indicate the date of your wedding ann                                       |                        |                        |                  |
| 21. Have you been married before? NO YES  | ·                      |                        | arriage end?     |
| Widowhood Abandonment Annulment   |                        |                        |                  |
|   |                        |                        |                  |
| 22. Spouse's name and date of birth:  |                        |                        |                  |
| 23. Place of birth and nationality:   |                        |                        | <del></del>      |
| 24. Have they been married before? NO YES   | ; In this case, how di | d their previous ma    | rriage end?      |
| Widowhood Abandonment Annulment Dive  | orce (Please provide a | letails for the reason | .)               |
| 25. Names and ages of children:   |                        |                        |                  |
| Name  |                        |                        | <del></del>      |
| Name  |                        |                        |                  |
| Name  |                        | Age                    |                  |
| Name  |                        | Age                    |                  |
| Name  |                        | Age                    |                  |
| <ul><li>26. Have you ever been convicted of a felony? (exclu</li><li>27. Explain:</li></ul> | ide minor driving vic  | olations): NO          | YES              |
|   |                        |                        |                  |
|   |                        |                        |                  |
|   |                        |                        |                  |
|   |                        |                        |                  |
| 28. Are you or have you ever been a member of a M   | asonic secret society  | γ, or Scottish rite or | similar?  NO YES |



### **EDUCATIONAL AND ACADEMIC HISTORY:**

| INSTITUTION   | NUM. OF YRS.<br>COMPLETED  | DEGREE OBTAINED                                |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | tudies. Describe   | NO   |
| nd trainings that are programmed as workshops, in ders <i>(continuing education programs for Ministers)</i> . If access in preparation, formation, training and systematic NO YES   | nformation and i<br>cepted, do you c<br>theological tead               | nspiration seminars to ommit to take advantage |
| eceived the baptism of the Holy Spirit and the gift on other evidences manifest in your life regularly? een water baptized according to the Christian doction eve that the Bible is the truth because it is the Wore ead the Bible it its entirety at least once? | of tongues as Act<br>rine (Matt. 3:13/<br>ord of God? \_NO<br>NO \_YES | s 2:3 says?                                    |
|   | completed the Ministerial Training Course?  R                          | completed the Ministerial Training Course?  R  |

Kingdom, Power and Glory.



| 42. Do you agree with the Covenant of Commitment and the Vision of RGM? NO YES  |
|---|
| 43. Do you have the spiritual conviction without a doubt, that you have been called by the Holy Spirit to   |
| exercise a Christian Ministry? NO YES Which Ministry?   |
| 44. Are you currently active in a Ministry? NO YES: Describe the ministry you are active in:  |
| 45. Name of your Ministerial Authority:   |
| 46. Authority's telephone number: ()Position held by your Authority in the church:  Name of church:   |
| 48. Will you participate in RGM conference type regional and / or general programs? NO YES  |
| Write a brief summary of your experience in church leadership:  |
|   |
|   |
|   |
| 49. If you are applying for a license other than that of a local church minister, do you understand that your   |
| application is subject to the Quadrennial Conference and the Board of Directors of the conference as they   |
| meet in order to study your application?  |
| 50. Do you commit to support RGM by communicating to your church and attending regional and general   |
| activities organized by RGM and its ministries?   |
| 51. Knowing as Ministers/Leaders that we're all stewards of the resources God gives us to administer, do  |
| you commit to faithfully yield one tenth (full tithe) of everything you receive to the storehouse? (For the   |
| Pastor or director of the church the storehouse is the treasury of RGM, for the local church minister who   |
| does not have a pastoral appointment, it is the treasury of their local church)? $\square$ NO $\square$ YES   |
| 52. Do you understand and accept that failure to comply with this Christian ordinance may result in the   |
| loss of your credentials and dismissal of membership from RGM?   NO YES   |
| 53. Have you been dismissed by an ecclesiastical organization or have had your credentials revoked for any reason?   NO YES Explain briefly but clearly the circumstances and reason for the dismissal: |
|   |
|   |
| 54. If there comes a time when you are not in harmony with the ministerial vision of RGM, do you agree to   |
| return your credentials, certificate of ordination and license to the corresponding authority (Bishop, Apostle)?  |
|   |



| APPLICANT'S COMPLETE NAME AND SIGNATURE: |      |
|--|------|
|  | <br> |

**SIGNATURE** 

NAME



### **REFERENCES AND RECOMMENDATIONS:**

| LOCAL CHURCH PASTOR:  |                        |
|---|------------------------|
| I, Pastor of  | the Church             |
| , certify that I know   | v:                     |
| , as a pe   |                        |
| I take the liberty to recommend them as a candidate before                      |                        |
| credential of $\square$ Layperson, or $\square$ Licensed Minister, or $\square$ | Ordained Minister      |
| Comments:   |                        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |
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|   |                        |
|   |                        |
|   |                        |
|   | /                      |
| Name and signature of person making recommendation                              | Date of Recommendation |
|   |                        |
|   |                        |
|   |                        |
|   |                        |



### **PERSONAL REFERENCES:**

| Minister of the Gospel:   |                  |  |
|---|------------------|--|
| Indicate how long you've known them for                         | yearsmonths      |  |
| Name:   | Telephone:       |  |
| Mailing Address:  | City:            |  |
| State:  | Zip Code:        |  |
| Church:   | Position:        |  |
| Name: Mailing Address:  | Telephone: Citv: |  |
| Indicate how long you've known them for                         | yearsmonths      |  |
| Mailing Address:  | City:            |  |
| State:  | Zip Code:        |  |
| Friend or Acquaintance: Indicate how long you've known them for | yearsmonths      |  |
| Name:   | Telephone:       |  |
| Mailing Address:  | City:            |  |
| State:  | Zip Code:        |  |



### RESERVED SPACE FOR EXCLUSIVE USE OF RGM

| General Commission of Ministerial Credential |                                      |
|--|--------------------------------------|
| Application; APPROVED DENIED                 |                                      |
| Reason(s):                                   |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
| Bishop / RGM Apostle                         | President of Credentialing Committee |
| Processing Date:/                            | Processing Date:/                    |
| Credentials Committee                        |                                      |
|  |                                      |
|  |                                      |