



RAPHAMINISTRIES INTERNATIONAL



P.O. Box 181 / Niceville, FL 32588 / Office (850)729-8600 / Fax (850)729-8608 / www.raphaministries.com

IMF Application Form

Applicant's Name _____

Mailing Address _____

Country _____ Postal Code _____

Home Phone _____ Office Phone _____

Other Phone _____ (check one) mobile pager friend's #

Email Address _____

Marital Status (check one) Married Single Divorced Widower

Spouse's Name _____

Number of Children _____ Boys & _____ Girls = _____ Total

Educational Background: (check all that was completed and where)

- High School _____
- College _____
- Bible College _____
- Seminary _____
- Masters _____
- Doctorate _____

Have you been licensed or ordained as a minister? YES NO

When? _____ By whom? _____

Ministerial Experience: _____

Present Place of Ministry: _____

(continue on to page 2)

Do you think your calling is: (check primary or present calling)

A fivefold calling? Apostle Prophet Evangelist Pastor Teacher

Or a lay calling? Intercessor Deacon Elder Helps Administrator

Has your calling been confirmed by others? For fivefold ministry calling, list four references.

For lay callings, you need only list your present pastor.

References:	<u>Name</u>	<u>Position</u>	<u>Address & Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Are your financial affairs in good order? YES NO

Do you owe money to another person or to a financial institution? YES NO

If yes, for what is the money owed? _____

Would you permit us to check your credit history? YES NO

If yes, please sign your name here: X _____

Are you seeking ordination through IMF? YES NO

Use the space below to describe your current situation, what you are doing for employment, and state why you believe IMF should ordain you.

If you are seeking ordination, there must be another ordained minister that recommends you for ordination. That person must fill out the section below.

Name: _____

Mailing Address: _____

Country: _____ Phone: _____

Email Address: _____

What is your current position in ministry? _____

Where is your current place of ministry? _____

What is your relationship to the ordination candidate above? _____

How long have you known him/her? _____

Through what organization are you ordained? _____

Why do you recommend this person for ordination? _____

Your signature below is giving IMF your personal approval and agreement with the call of God upon the above candidate's life. Do not sign this form without serious and prayerful consideration.

Signature: _____ Date: _____