

RMFI Membership Application
(Revival Ministers Fellowship International)

Main Office
2668 A&M Ave
San Angelo, TX 76904

Initial Application Fee: \$100.00 ____ **Annual Renewal Fee: \$100.00** ____
Exhorter's License ____ Licensed Ministers Certificate ____ Ordained Ministers License ____
(Please check the one you are applying for)

The Ministerial Board of Revival Ministers Fellowship International feel that these questions and answers are important to us as a religious organization, chartered and authorized by the State of Texas, to issue license to ministers of the gospel, and that this Board of Ministers is responsible to God for those we issue a license. Your answers to these questions will be considered confidential and will be kept in your personal file in our office.

1. Name (Please Print) _____ Phone _____
2. Mailing Address _____ City _____ State ____ Zip _____

Home Address, Street _____ Apt. ____ City _____ State _____

3. How long at present address? _____ Social Security # _____

4. Date of Birth _____ Race _____ Sex _____

5. What is your marital status? **Married/Single/Divorced/Widowed** _____

If presently married - Spouse's Name _____ D.O.B. _____

Have you been married before? (Y/N) ____ If yes, how many times before you were saved and how many times after you were saved? Before _____ After _____ .

Include a brief explanation on a separate sheet concerning any divorces.

6. A. Education: Grade School _____ High School _____ College _____

B. Employment Status: Present _____ How long? _____ Occupation: _____

7. When did you accept Christ as your personal Savior? ____/____

Your Spouse? ____/____ (Month Year)

Have you had an Acts 2:4 experience? (Y/N) _____ Your Spouse? (Y/N) _____

8. Are you called to minister the Gospel? (Y/N) ____ In Word _____ In Music _____

How long have you been in the ministry? _____

9. What is your basic calling? Preaching ____ Teaching ____ Music ____ Other _____

10. What is your present ministry? Pastor _____ Evangelist _____ Other _____

11. What special training or experience do you have that you feel will help you fulfill your calling?

12. Are you now active in your calling? _____ Where? _____
13. Are you available to minister? _____ Full time _____ Part time _____
14. Are you presently a member of a local church or congregation? (Y/N) _____ If yes, Where? _____ Do you attend on a regular basis? (Y/N) _____ If less than 5 years where did you previously attend and reason for leaving? _____
15. Are you faithful in tithing and offerings to your local church? Y/N _____ If no, why? _____ Do you consider yourself a teachable person? (Y/N) _____
16. Who is your spiritual covering that you are presently accountable to? Ex. (Pastor, Bishop, or Overseer) Name _____ Address _____ Phone _____
17. If married, is your spouse in agreement with the ministry God has called you to? _____
18. Do you use tobacco or alcohol in any way? (Y/N) _____ Comments _____
19. Do you hold membership or credentials with any other social or religious organization or fellowship? (Y/N) _____ If yes, where? _____
20. Have you ever been refused credentials or renewal of credentials in any other organization? (Y/N) _____ If yes, please explain on another sheet of paper and attach.
21. Have you ever been brought before the judicial court system for any reason? (Y/N) _____ If yes, were you convicted or acquitted? Please explain on a separate sheet.
22. Will you live your life so as to be an example and a leader for the cause of Christ and the strengthening of the Kingdom of God? _____
23. Are you striving to take care of your debts in an honorable way? _____
24. Do you honestly feel that your present lifestyle is becoming to a minister of the Gospel? (Y/N) _____ Give a reason for your answer _____
25. Will you cooperate and work with those that are in this fellowship? _____
26. Realizing that we all come from various church backgrounds and we all have our own thoughts and ideas concerning doctrinal issues, do you agree with our basic tenets of faith? (Y/N) _____ If no, please explain in detail on separate sheet.

27. List (2) two personal character references:

- 1.) _____
Name Address Phone
- 2.) _____
Name Address Phone

Signature of Applicant _____ Date _____

Signature of Pastor, Elder or Church Leader recommending applicant _____

Note: Please complete the release of liability form on the next page and the back ground check on page 4

Please read and respond to the following:

I declare by my signature below that: _____ as a licensed Minister with Revival Ministers Fellowship International (RMFI), I do hereby release RMFI and its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss, which may be sustained by said person during the course of involvement with RMFI. Additionally, the signed statement acknowledges that I (the signed person below) understand that RMFI is not responsible for any legal matters that I, my church, or related ministry may encounter or for issues with the IRS concerning my ministry based exclusively on the minister's license I hold with RMFI. I understand the individual, church, or ministry is strongly encouraged to seek out a personal liability insurance policy and to remain accountable and honorable in dealing with taxes and the IRS.

(Your signature and that of a witness on the statement below recognizes that you understand and accept the aforementioned terms and personally release RMFI of all liability for your personal actions.)

I _____ hereby release RMFI from all liability regarding legal matters and involvement with the IRS. I accept full responsibility for all personal actions that I may take and for situations that may arise within my church or related ministry.

Signature _____ Print _____ Date _____

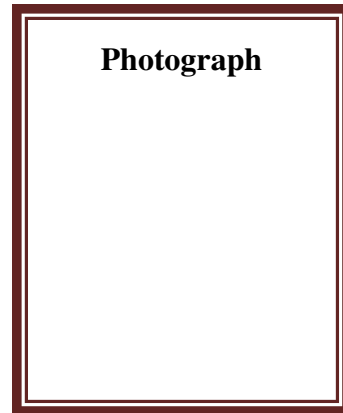
Witness _____ Print _____ Date _____

I affirm that the information I have provided is truthful before God and man.

Please attach a photo of yourself to complete this application.

Please make a copy of this application for your records

Mail the original back with your application
2668 A&M Ave
San Angelo, TX 76904



For Office Use Only : Date Received _____ Date Reviewed _____

Reviewed by _____ Comments _____

Check One - Application Accepted _____ **Rejected** _____

Date Filed _____

CRIMINAL HISTORY CHECK

AS SHOWN ON THE ORIGINAL APPLICATION

Name (Please Print) _____ Phone _____

Include maiden or other name(s) used in any and all other records of birth or records of residence.

Mailing Address _____ City _____ State _____ Zip _____

Home Address, Street _____ Apt. _____ City _____ State _____

How long at present address? _____ Social Security # _____

Date of Birth _____ Race _____ Sex _____

Driver's License# _____ DL State _____ DL Exp. Date _____

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT FOR ANY OTHER PURPOSE.**

I, _____, am an applicant for Individual Membership or License with RMFI and understand that as a part of the application process, the district conducts a criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of this document, in performing the criminal history check.

The following are my responses to questions about my criminal history (if any). A conviction may not disqualify you, but a false statement will.

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____.

Details of conviction: _____

Use an additional page if needed

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____.

Details of offense: _____

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____.

Details of supervision: _____

4. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____.

Details of pending charges: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, 20 _____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____