

THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

(PBO no/WO nr: 930004069)

NATIONAL OFFICE



Building no. 14, Central Office Park, 257 Jean Avenue, Centurion, Gauteng, South Africa.

P.O. Box 9450, Centurion 0046

Tel: 27 12 644-0490 (8 lines/lyne) Fax: 27 12 644-0732/4

Website/Webwerf: www.afm-ags.org e-mail/e-pos: mmahlobo@afm-ags.org (President); jlapoorta@afm-ags.org (Deputy/Vise President); henri@afm-ags.org (General Secretary/Hoofsekretaris); Barend.Petersen@sizwebr.co.za (General Treasurer/Hooftesourier)

APPLICATION FOR ACCEPTANCE AS AN ORDAINED PASTOR OF THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA - APPLICANTS WHO STUDIED AT OTHER THEOLOGICAL INSTITUTIONS

ATTACH
A RECENT
ID PHOTO
HERE

NAME OF APPLICANT: _____

REGION: _____

DATE OF THIS APPLICATION: _____

2019

BEFORE YOU COMPLETE THE DOCUMENT, PLEASE STUDY THIS PAGE CAREFULLY

1. This document must be completed in your own handwriting. Make sure that all details are given to the best of your ability.
2. Non-ordained applicants from other denominations must be members of the AFM of SA for at least twelve months before their applications can be considered. [Appendix 8.5(a) 2.2]
3. The Applicant must forward his/ her application to the General Secretary, together with all documents in paragraph 8 hereunder, otherwise it will not be considered.
4. All applications will be subjected to evaluation by the Education and Training Department ' Governing Body, before candidates can be called for an interview. [Appendix 8.5(a) 2.1.1]
-Evaluation results do not guarantee acceptance into ordained AFM ministry.
5. The applicant will thereafter be called to appear before a National Leadership Forum (NLF) Committee for an interview together with his/her spouse, if the applicant is married. This interview will establish his/ her suitability for ordained ministry in the AFM, as well as other requirements that might be needed.
5. The NLF will take the final decision based on the recommendation of this Committee. Recommendation of the NLF Committee will require that the applicant must at least complete the following AFM specific modules: AFM Dogmatics; -History; -Governance and -Liturgy. Applicants may be required to do additional modules.
6. All approved applicants will after compliance with the academic requirements of the AFM, be required to undergo an internship (Ministry Integrated Learning -MIL), for a minimum period of twelve months, under the supervision of a senior pastor. [Appendix 8.5(a) 2.1.7]
7. The candidate will, after successful completion of the MIL, which shall be confirmed by a favourable recommendation from the assembly Governing Body, the Regional Committee concerned, as well as the NLF and after signing the Pledge of Office and Code of Conduct -be ordained by the relevant NLF member at a time and place as agreed upon between the NLF member and the candidate.
8. The following documents must be included in this application form:
 - 8.1 A recent post-card size photo of the applicant (and his/her spouse if married)
 - 8.2 Two recent passport size photos of the applicant.
 - 8.3 Certified copies of certificates or diplomas which verify the applicant's academic and theological qualifications.
 - 8.4 A recent medical certificate.
 - 8.5 A certified copy of the marriage certificate (if married).
 - 8.6 Two recent testimonials, one from the Theological institution where the candidate has studied and another from an AFM church pastor.
 - 8.7 A certified copy of the applicant's ID document.
9. The rendering of incorrect or false information in this application form or medical report will be sufficient grounds for immediate disqualification and dismissal if the candidate is already in the ministry.
10. Approval for ministry by the NLF does not guarantee employment in the AFM of SA.

APPLICATION FORM FOR MINISTRY

Make an X mark in the applicable box

SECTION A: APPLICANT'S INFORMATION

A.1 Name: _____

A.2 Surname: _____

A.3 ID No:

| | | | | | | | | | | | | | |
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A.4 Marital Status:

| | | | | | |
|--------|--|---------|--|----------|--|
| Single | | Married | | Divorced | |
|--------|--|---------|--|----------|--|

A.5 Date of marriage:
(If married)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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A.6 Date of divorce:
(If previously divorced)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
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A.7 Please supply copies of divorce papers and reasons for divorce.

A.8 Contact details: Home: _____ Work: _____

Fax: _____ Cell: _____

Email: _____

A.9 Address Details:

Correspondence Address:

Physical Address:

Code :

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Code :

| | | | |
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SECTION B: SPOUSE' INFORMATION

B.1 Name: _____

B.2 Surname: _____

B.3 ID No:

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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B.4 Contact details: Home: _____ Work: _____

Fax: _____ Cell: _____

Email: _____

B.5 Date of divorce:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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(If previously divorced)

B.6 Please supply copies of divorce papers and reasons for divorce.

SECTION C: CHILDREN'S INFORMATION

| | NAME | GENDER | DATE OF BIRTH |
|-----|------|--------|---------------|
| C.1 | | | |
| C.2 | | | |
| C.3 | | | |
| C.4 | | | |
| C.5 | | | |

SECTION D: ASSEMBLY INFORMATION

D.1 CURRENT ASSEMBLY:

| Assembly | Region | Period |
|----------|--------|--------|
| | | |

D.2 PREVIOUS ASSEMBLY/IES:

| Assembly | Region | Period |
|----------|--------|--------|
| | | |
| | | |
| | | |

SECTION E: THEOLOGICAL / ACADEMIC AND MINISTRY INFORMATION

| E.1 Theological Qualifications | Institution | Date obtained |
|--------------------------------|-------------|---------------|
| | | |
| | | |
| | | |

| E.2 Other Qualifications | Institution | Date obtained |
|--------------------------|-------------|---------------|
| | | |
| | | |
| | | |
| | | |

E.3 Are you an ordained Pastor Yes / No?

If Yes: Date of your ordination

E.4 Please attach a Curriculum Vitae with specific reference to ministerial experience.

SECTION F: SPIRITUAL BACKGROUND INFORMATION

Certified copies of theological, academic and ministry information must be submitted with this application

F.1 Date of your Conversion D D M M Y E A R

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

F.2 Date of your water Baptism D D M M Y E A R

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|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

F.3 Date of your Holy Spirit Baptism D D M M Y E A R

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SECTION G: MINISTRY EXPERIENCE

Indicate your experience by means of an X in the corresponding block

| | | |
|------|------------------------|--|
| G.1 | Presiding Pastor | |
| G.2 | Co-Pastor | |
| G.3 | Soul winning | |
| G.4 | Altar work | |
| G.5 | Leading Board meetings | |
| G.6 | Follow up work | |
| G.7 | Home visitation | |
| G.8 | Visiting the sick | |
| G.9 | Home/Cell group | |
| G.10 | Prayer meetings | |
| G.11 | Open air services | |
| G.12 | Communion services | |
| G.13 | Baptismal service | |
| G.14 | Dedication of babies | |
| G.15 | Funerals | |
| G.16 | Music | |
| G.17 | Other: (Specify) | |

Briefly describe your ministry passion and your ministry gifts:

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| |

SECTION H: FINANCIAL STEWARDSHIP

H.1

| | | |
|--|-----|----|
| Have you ever been under administration? | Yes | No |
|--|-----|----|

H.2

| | | |
|--|-----|----|
| Have you ever been declared insolvent? | Yes | No |
|--|-----|----|

H.3

| | | |
|--|-----|----|
| If yes: Have you been rehabilitated since? | Yes | No |
|--|-----|----|

H.4 Date of Rehabilitation

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| D | D | M | M | Y | E | A | R |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

H.5 Please submit copies of the proof of rehabilitation.

H.6 Have you been convicted of fraudulent activities by a court in the past?

| | | | |
|-----|----------------------|----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> |
|-----|----------------------|----|----------------------|

H.7 Are you a faithful tithe giver.

| | | | |
|-----|----------------------|----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> |
|-----|----------------------|----|----------------------|

**SECTION K: RECOMMENDATION BY REGIONAL COMMITTEE
IF THE APPLICANT IS ALREADY AN AFM OF SA MEMBER**

At a properly constituted meeting of the abovementioned Regional Committee on..... the following resolution was taken and minuted:

That after careful consideration and bearing in mind all the known facts, as well as the contents of the application, the Regional Committee resolved:

That Brother / Sister
.....
.....
.....

NAME OF REGIONAL SECRETARY

SIGNATURE

SECTION L: RECOMMENDATION BY NLF SUB - COMMITTEE

During the interviews of ministry candidates held at on the following recommendation was made by the NLF subcommittee:

That Brother / Sister
.....
.....
.....

NAME OF NLF MEMBER

SIGNATURE

SECTION M: DECISION BY NLF

Resolution taken at NLF meeting of:

That Brother / Sister

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