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# SECTION A – PROCEDURE

*(Please note that this application is confidential)*

1. Closing date by which applications must be at the MIL Coordinator's office: **15 August 2019. The Regional Secretary must post it to: P.O. Box 350, Ladysmith, 3370.**
2. *As there is only one intake in the beginning of each year, late applications received after 15 August 2019 may be at risk not to be invited to the October 2019 interviews and be approved by the November 2019 NLF, with the implication of MIL participation postponed for a year (to 2021).*
3. The application must be completed in the following order:
  - a. The candidate to complete in full Sections B to D and G;
  - b. The candidate to approach preferred Coach/Mentor and Assembly Governing Body to obtain their consent by completing respectively Sections E and F;
  - c. The candidate must hand the completed application to the respective Senior Pastor/Leader of the assembly to oversee that the Governing Body complete Section H;
  - d. The Senior Pastor/Leader must then complete Section I, and hand the application to the Regional Leader/Secretary; and
  - e. The Regional Leader/Secretary must oversee that the Regional Committee interviews the candidate and complete Section J. **The Regional Committee's Secretary is then to send the entire completed application to The MIL Coordinator, P.O. Box 350, Ladysmith, 3370, before 15 August 2019.**
4. Attach certified copies of all qualifications and transcripts to the application form. Foreign applicants must obtain proof of evaluation of their highest standard results/certificates from the South African Qualifications Authority (SAQA) in Pretoria.
5. Copies of the following certified documents should be included:
  - a. Copy of Theological Qualification/s;
  - b. Copy of ID document;
  - c. Copy of SAQA Letter (Foreign Applicants); and
  - d. Copy of passport & study permit (Foreign Applicants).
6. If your application is approved by the November 2019 NLF meeting, a **registration fee** of R3,800.00 has to be paid by 31 Jan 2020, beneficiary: AFM Seminary, ABSA, Acc. No. 1000710764, Branch code 632-005. Use 'MIL' and your name as reference. This fee will cover the prescribed books, materials handed out at workshops as well as refreshments and meals during workshops. **Please fax proof of payment to MIL Coordinator** at 086 567 9168, **or email** to mil@afm-ags.org.

# Section B

## PERSONAL DETAILS

(Please tick appropriate box where applicable)

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID Number: 

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Title:

Mr.  Mrs.  Ms.  Rev.  Dr.  Other (specify): \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: Male  Female

Home Language:

Afrikaans	<input type="checkbox"/>	<u>IsiXhosa</u>	<input type="checkbox"/>	<u>Sesotho</u>	<input type="checkbox"/>	<u>Tshivenda</u>	<input type="checkbox"/>
English	<input type="checkbox"/>	<u>IsiZulu</u>	<input type="checkbox"/>	<u>Setswana</u>	<input type="checkbox"/>	<u>Xitsonga</u>	<input type="checkbox"/>
<u>IsiNdebele</u>	<input type="checkbox"/>	<u>Sepedi</u>	<input type="checkbox"/>	<u>SiSwati</u>	<input type="checkbox"/>	Other (specify): _____	<input type="checkbox"/>

Marital Status:

Single  Married  Divorced  Re-married  Widowed

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Theological Qualification/s:**

List all Theological qualifications you have **previously** obtained:

Certificate/Diploma/Degree	Year	Institution	Student No.

**State the Theological qualifications you are currently busy with:**

Certificate/Diploma/Degree	Institution	Will you be able to finish by the end of 2019?	Student No

**Other Higher Education Qualification/s:**

List all other Higher Education qualifications from the highest to the lowest:

Certificate/Diploma/Degree	Year	Institution	Student No.

**Current Occupation:**

Full-time student

Part-time student

Unskilled worker

Skilled worker

Professional

Other (specify):

List all your secular work experience:

Name of Employer	Position	Period Worked

Do you hold Ministerial credentials?

YES  NO

If yes, with which church denomination / affiliation: \_\_\_\_\_

Do you presently hold an official position in your local church?

YES  NO

If yes, specify: \_\_\_\_\_

In which other ways and for how long, have you been involved in local church ministry and/or any other type of ministry?

Ministry	Where/Location/Assembly	Period of Ministry

In which area(s) of ministry do you sense a special passion and calling?

Evangelist	<input type="checkbox"/>	Missionary	<input type="checkbox"/>	Pastor	<input type="checkbox"/>	Apostle/Church Planter	<input type="checkbox"/>	Other (specify): _____
Youth	<input type="checkbox"/>	Children	<input type="checkbox"/>	Welfare	<input type="checkbox"/>	Worship	<input type="checkbox"/>	

What is the name of the Denomination/Church affiliation to which you belong?

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Name of assembly you belong to: \_\_\_\_\_

AFM members, please indicate the AFM region/network under which your AFM assembly resorts:

Abundant Life Network	<input type="checkbox"/>	Instruo Network	<input type="checkbox"/>	Polokwane Region	<input type="checkbox"/>
Better Life Network	<input type="checkbox"/>	Kei Region	<input type="checkbox"/>	Ophir Network	<input type="checkbox"/>
Boland Region	<input type="checkbox"/>	Gauteng North Network	<input type="checkbox"/>	Rustenburg Platinum	<input type="checkbox"/>
Central Gauteng Region	<input type="checkbox"/>	Kwazulu Natal Midlands Region	<input type="checkbox"/>	Southern Free State Region	<input type="checkbox"/>
Central North West Region	<input type="checkbox"/>	Kwazulu Natal North Coast Region	<input type="checkbox"/>	South Gauteng Region	<input type="checkbox"/>
Doxa Deo Network	<input type="checkbox"/>	Kwazulu Natal South Coast Region	<input type="checkbox"/>	South Peninsula Region	<input type="checkbox"/>
Durban Central Region	<input type="checkbox"/>	Lowveld Region	<input type="checkbox"/>	South Western District Region	<input type="checkbox"/>
Durban Network Region	<input type="checkbox"/>	Missio Dei Network	<input type="checkbox"/>	Soutpansberg Region	<input type="checkbox"/>
Eastern Cape Region	<input type="checkbox"/>	Mpumalanga Rising Sun Region	<input type="checkbox"/>	Umzimvubu Region	<input type="checkbox"/>
East Rand Region	<input type="checkbox"/>	Mpumalanga Highveld Region	<input type="checkbox"/>	West Coast Region	<input type="checkbox"/>
Eastern Free State Region	<input type="checkbox"/>	Northern Cape Region	<input type="checkbox"/>	Western Cape Region	<input type="checkbox"/>
Ekuphumleni Region	<input type="checkbox"/>	Northern Free State Region	<input type="checkbox"/>	West Gauteng Region	<input type="checkbox"/>
Far North West Region	<input type="checkbox"/>	Northern Kwazulu Natal Region	<input type="checkbox"/>	Woord en Lewe Network	<input type="checkbox"/>
Familia Dei Network	<input type="checkbox"/>	North West Region	<input type="checkbox"/>	Zululand Region	<input type="checkbox"/>
Free State Koinonia Network	<input type="checkbox"/>	Oikos Bedieningsnetwerk	<input type="checkbox"/>	Uncertain	<input type="checkbox"/>

Senior Pastor: \_\_\_\_\_ Tel. no: \_\_\_\_\_

Since what date are you a member of this assembly? \_\_\_\_\_

Which assembly did you attend before this one? \_\_\_\_\_

Why did you leave that assembly?

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Why do you want to do MIL?

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Testimony of your personal conversion:

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Baptism date: \_\_\_\_\_ Place: \_\_\_\_\_

Have you been baptised in the Holy Spirit  
with the evidence of speaking in tongues?

YES

NO

If yes, give a description of how and what happened.

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Date: \_\_\_\_\_ Place: \_\_\_\_\_





Have you ever attempted suicide?

YES  NO

If yes, specify:

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Have you been involved in a heterosexual or homosexual relationship/affair outside of a heterosexual marriage the past three years?

YES  NO

If yes, specify:

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Have you been counselled in the last twelve months concerning personal, psychological or family problems?

YES  NO

If yes, specify:

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If you have ever had a Civil or Criminal Proceeding initiated against you, please indicate whether you have been found guilty or not and give details:

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If you ever have been declared insolvent or placed under administration, please give details:

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Indicate your physical condition by marking the applicable block:

Excellent      Good      Fair      Poor

General health				
Eyesight				
Hearing				
Heart				
Lungs				
Kidneys				

If applicable, please specify diagnosis and chronic medication:

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If you do have any physical disabilities, please specify:

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Specify any allergies:

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List at least three relatives/friends to be notified in case of emergency:

Name	Relationship	Telephone number

# Section C

## SPOUSE/FIANCÉ INFORMATION

(to be completed by the spouse/fiancé of candidate applying for MIL)

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID Number: 

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Title:

Mr.  Mrs.  Ms.  Rev.  Dr.  Other (specify): \_\_\_\_\_

Date of marriage (state anticipated date if engaged): \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: Male  Female

Home Language:

Afrikaans	<input type="checkbox"/>	<u>IsiXhosa</u>	<input type="checkbox"/>	<u>Sesotho</u>	<input type="checkbox"/>	<u>Tshivenda</u>	<input type="checkbox"/>
English	<input type="checkbox"/>	<u>IsiZulu</u>	<input type="checkbox"/>	<u>Setswana</u>	<input type="checkbox"/>	<u>Xitsonga</u>	<input type="checkbox"/>
<u>IsiNdebele</u>	<input type="checkbox"/>	<u>Sepedi</u>	<input type="checkbox"/>	<u>SiSwati</u>	<input type="checkbox"/>	Other (specify): _____	

State your relationship with candidate::

Spouse  Fiancé

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Denomination: \_\_\_\_\_ Assembly: \_\_\_\_\_

**Highest education attained:**

Primary School	<input type="checkbox"/>
Secondary / High School	<input type="checkbox"/>
Certificate / Diploma	<input type="checkbox"/>
Bachelors Degree	<input type="checkbox"/>
Honours Degree	<input type="checkbox"/>
Masters Degree	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>

**Current Occupation:**

Full-time student	<input type="checkbox"/>
Part-time student	<input type="checkbox"/>
Unskilled worker	<input type="checkbox"/>
Skilled worker	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Are you born again? YES  NO

Have you been filled with the Holy Spirit with the evidence of speaking in tongues? YES  NO

Are you in agreement with your spouse's decision to participate in the MIL programme? YES  NO

In which ways and for how long, have you been involved in local church ministry and/or any other type of ministry?

Ministry	Where / location	Period of Ministry

**Dependents for which you and your spouse/fiancé are responsible:**

Surname	Name	Age	Date of birth	Relationship

If you have ever had a Civil or Criminal Proceeding initiated against you, please indicate whether you have been found guilty or not and give details:

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Have you ever been declared insolvent or placed under administration, please give details:

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If you currently have any other judgements against you, please give details:

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If you have been previously divorced, please give details as well as supply a copy of the divorce letter/agreement:

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If you have ever has been involved in some or other church-related disciplinary proceedings against you (assembly/regional/national), please give details:

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# SECTION D

## PREFERENCE TOWARDS COACH/MENTOR AND ASSEMBLY

Please note that a Coach/Mentor and Assembly assisting with the facilitation of MIL have to subscribe to certain criteria as per the MIL Structure and Policy. It is the responsibility of the MIL applicant to make sure that the Coach/Mentor and Assembly Governing Body receive a copy of the MIL Structure and Policy.

Name of proposed Coach/Mentor: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of AFM Assembly: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Church office telephone no. \_\_\_\_\_

Church Fax: \_\_\_\_\_ Church Email: \_\_\_\_\_

Indicate where you would prefer to attend your MIL workshops:

Cape Town  Durban  Pretoria

If you will be working full time within an assembly during the MIL period (not doing a secular job simultaneously), you will be deemed as a full-time candidate and be able to complete the MIL programme within one year. However, if you simultaneously occupy a secular position, you will be deemed as a part-time candidate and required to complete your MIL programme over a period of 24 months, serving in a local assembly for at least 20 hours per week.

Indicate whether you will be a full-time or part-time MIL candidate:

Full-time  Part-time



## SECTION E

### GOVERNING BODY CONSENT TO FACILITATE MIL PROGRAMME

This must be completed by the Secretary of the local assembly's Governing Body which is willing to accommodate the applicant for the MIL programme under the coaching and mentoring of the Senior Pastor, or another designated AFM ordained pastor within the assembly.

The Governing Body and Senior Pastor or other ordained pastor have the responsibility to familiarise themselves with the MIL Structure and Policy before this section is completed.

Name of Governing Body Secretary: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Governing Body meeting when this application was discussed: \_\_\_\_\_

Signed on behalf of the Assembly's Governing Body as per the meeting held on:

\_\_\_\_\_  
Date                                  Signature of Secretary                                  Name of Secretary

## SECTION F

### CONSENT OF PASTOR TO BE A MIL COACH/MENTOR

This must be completed by an AFM ordained Pastor who consents to and is allowed by his/her local assembly's Governing Body to coach and mentor the applicant for the duration of the MIL programme.

The AFM-ordained pastor does have the responsibility to familiarise him/her with the MIL structure and Policy before this section is completed.

Name and Surname: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Date                                  Signature

# SECTION G

## DECLARATION

By signing this form, I declare that if I am accepted by the AFM as a MIL candidate, I will abide by the Constitution of the AFM as well as the MIL Policy and rules. I ALSO DECLARE THAT I HAVE READ AND UNDERSTOOD THE NLF'S MIL POLICY AND THAT I WILL ADHERE TO THE GUIDELINES AND INSTRUCTIONS THEREIN..

I further declare that I am aware the AFM of SA is under no obligation to allow me into the Ministry Integrated Learning (MIL) programme towards ordained ministry, or place me in the ministry after the successful completion of the MIL programme.

I hereby declare that (including my parents and/or dependents) shall not institute any claim of any nature whatsoever against the AFM and/or its employees who act within their employment capacity for any loss or damage that I may suffer in person or in respect of any property of mine or which may arise directly or indirectly from my commitment as a MIL candidate during workshops and/or practical training regardless of the manner in which such loss or damage may have occurred and regardless of who/what may be responsible.

I also undertake to participate in any activity that I am expected to participate in, of my own accord and at my own risk.

Should I be injured to such an extent that I cannot personally give consent to any medical treatment or medical intervention for which I may be in dire need of, the supervisory staff of the AFM may sign the necessary letters of consent on my behalf and will for my own cost.

I understand that the terms of this indemnity shall remain in force for the duration of my MIL programme. I further understand that if I breach any of the rules or policies of the MIL programme, disciplinary action may be taken against me, which might include immediate cancellation of my candidature and I will still be accountable for all monies owed to the AFM, where applicable.

The lifestyle required for continued enrolment in the AFM's MIL programme reflects the fact that in order for a person to assume a leadership role in the Christian Ministry, the highest standards of personal conduct are expected. This demands abstaining completely from the following:

- Sexual relations of all types outside of a heterosexual marriage relationship;
- Sexual stimulation images or content (internet, movies, TV, magazines, or books); and
- Use of tobacco, alcohol, or illegal drugs (or abuse of prescription drugs).

As evidence that you understand and affirm the AFM position in this matter of personal lifestyle, your signature below confirms your endorsement and that any breach thereof may lead to disciplinary action.

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Applicants Signature

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Date

**Give this original completed application form to your Senior Pastor/Assembly Leader that will see to it that the Assembly Governing Body will do their part. After they have completed their part, the Senior Pastor/Assembly Leader will complete his/her part and pass it on to the Regional Leader/Secretary who will see to it that the Region/Network Committee will interview you and send the application to the MIL Coordinator for processing before 15 August 2019**

# SECTION H

## GOVERNING BODY RECOMMENDATION

This section must be completed by the Governing Body where the applicant is currently a worshipping member. An interview by the Governing Body with the candidate is recommended.

**This document is CONFIDENTIAL and must not be returned to the applicant after completion, but forwarded directly to the Senior Pastor/Assembly Leader.**

Assembly name: \_\_\_\_\_

AFM Region/Network:

Abundant Life Network	<input type="checkbox"/>	Instruo Network	<input type="checkbox"/>	Polokwane Region	<input type="checkbox"/>
Better Life Network	<input type="checkbox"/>	Kei Region	<input type="checkbox"/>	Ophir Network	<input type="checkbox"/>
Boland Region	<input type="checkbox"/>	Gauteng North Network	<input type="checkbox"/>	Rustenburg Platinum	<input type="checkbox"/>
Central Gauteng Region	<input type="checkbox"/>	Kwazulu Natal Midlands Region	<input type="checkbox"/>	Southern Free State Region	<input type="checkbox"/>
Central North West Region	<input type="checkbox"/>	Kwazulu Natal North Coast Region	<input type="checkbox"/>	South Gauteng Region	<input type="checkbox"/>
Doxa Deo Network	<input type="checkbox"/>	Kwazulu Natal South Coast Region	<input type="checkbox"/>	South Peninsula Region	<input type="checkbox"/>
Durban Central Region	<input type="checkbox"/>	Lowveld Region	<input type="checkbox"/>	South Western District Region	<input type="checkbox"/>
Durban Network Region	<input type="checkbox"/>	Missio Dei Network	<input type="checkbox"/>	Soutpansberg Region	<input type="checkbox"/>
Eastern Cape Region	<input type="checkbox"/>	Mpumalanga Rising Sun Region	<input type="checkbox"/>	Umzimvubu Region	<input type="checkbox"/>
East Rand Region	<input type="checkbox"/>	Mpumalanga Highveld Region	<input type="checkbox"/>	West Coast Region	<input type="checkbox"/>
Eastern Free State Region	<input type="checkbox"/>	Northern Cape Region	<input type="checkbox"/>	Western Cape Region	<input type="checkbox"/>
Ekuphumleni Region	<input type="checkbox"/>	Northern Free State Region	<input type="checkbox"/>	West Gauteng Region	<input type="checkbox"/>
Far North West Region	<input type="checkbox"/>	Northern Kwazulu Natal Region	<input type="checkbox"/>	Woord en Lewe Network	<input type="checkbox"/>
Familia Dei Network	<input type="checkbox"/>	North West Region	<input type="checkbox"/>	Zululand Region	<input type="checkbox"/>
Free State Koinonia Network	<input type="checkbox"/>	Oikos Bedieningsnetwerk	<input type="checkbox"/>	Uncertain	<input type="checkbox"/>

Name of Governing Body Secretary: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Governing Body meeting where this application was discussed: \_\_\_\_\_

Since when is this applicant a member? \_\_\_\_\_

Give an indication with regard to the following (please tick the applicable box):

	YES	NO	UNCERTAIN
Is the applicant a born-again Christian?			
Has the applicant been baptized by immersion in water?			
Is the applicant baptized in the Holy Spirit confirmed with speaking in tongues?			
Does the applicant have a calling towards ministry?			
Does the applicant have an anointing on his/her life?			
Would you recommend the applicant for ministry?			
Would you want the applicant to be one of the assembly's pastors?			
Is the applicant's spouse/fiancé a born-again Christian?			
Has the applicant's spouse/fiancé been baptized by immersion in water?			
Is the applicant's spouse/fiancé baptized in the Holy Spirit with the confirmation of speaking in tongues?			
Does the applicant's spouse/fiancé participate in assembly activities?			
Does the applicant's spouse/fiancé faithfully contribute financially to the assembly?			
Would you recommend the applicants spouse/fiancé to be a suitable spouse and support in ministry?			

If any of the above answers were 'NO' or 'UNCERTAIN', please explain the reason(s) for the answer:

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Evaluate the following aspects of the applicant's behaviour, attitudes and spiritual life:

	<b>Good</b>	<b>Acceptable</b>	<b>Poor</b>
Emotional stability			
Leadership			
Ability to follow/submit			
Social adaptability			
Co-operation with other race groups			
Moral standards			
Sense of responsibility			
Faithfulness in general			
Faithfulness in tithing			
Spiritual maturity			
Radiates Christ's love to others			
Sensitive and obedient to the Holy Spirit			
Personal prayer and devotional life			
Burden for the 'lost' (souls)			
Interaction with other assembly members			
Church service attendance			
Participation in small (cell) group/s			
Loyalty toward assembly leadership			
Integrity			
Passion for ministry			
Ministry involvement			

List and evaluate all ministry-related involvement of the applicant in the assembly:

	<b>Good</b>	<b>Acceptable</b>	<b>Poor</b>

WE RECOMMEND THE CANDIDATE FOR PARTICIPATION IN MIL	Yes	No
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Signed on behalf of the Assembly Governing Body as per the meeting held on:

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of secretary

\_\_\_\_\_ Name of Secretary



Give an indication with regard to the following (please tick the applicable box):

	YES	NO	UNCERTAIN
Is the applicant a born-again Christian?			
Has the applicant been baptized by immersion in water?			
Is the applicant baptized in the Holy Spirit confirmed with speaking in tongues?			
Does the applicant have a calling towards ministry?			
Does the applicant have an anointing on his/her life?			
Would you recommend the applicant for ministry?			
Would you want the applicant to be one of the assembly's pastors?			
Is the applicant's spouse/fiancé a born-again Christian?			
Has the applicant's spouse/fiancé been baptized by immersion in water?			
Is the applicant's spouse/fiancé baptized in the Holy Spirit with the confirmation of speaking in tongues?			
Does the applicant's spouse/fiancé participate in assembly activities?			
Does the applicant's spouse/fiancé faithfully contribute financially to the assembly?			
Would you recommend the applicant's spouse/fiancé to be a suitable spouse and support in ministry?			

If any of the above answers were 'NO' or 'UNCERTAIN' please explain the reason(s) for the answer:

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Evaluate the following aspects of the applicant's behaviour, attitudes and spiritual

life:

	<b>Good</b>	<b>Acceptable</b>	<b>Poor</b>
Emotional stability			
Leadership			
Ability to follow/submit			
Social adaptability			
Co-operation with other race groups			
Moral standards			
Sense of responsibility			
Faithfulness in general			
Faithfulness in tithing			
Spiritual maturity			
Radiates Christ's love to others			
Sensitive and obedient to the Holy Spirit			
Personal prayer and devotional life			
Burden for the 'lost' (souls)			
Interaction with other assembly members			
Church service attendance			
Participation in small (cell) group/s			
Loyalty toward assembly leadership			
Integrity			
Passion for ministry			
Ministry involvement			

List and evaluate all areas of applicant's ministry-related involvement in assembly:

	<b>Good</b>	<b>Acceptable</b>	<b>Poor</b>

I RECOMMEND THE CANDIDATE FOR PARTICIPATION IN MIL	Yes	No
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# SECTION J

## REGIONAL/NETWORK COMMITTEE RECOMMENDATION

***NB! This document is confidential and MUST NOT be returned to the applicant but forwarded by the Regional Secretary directly to The MIL Coordinator, P.O. Box 350, Ladysmith, 3370, before 15 August 2019.***

An interview must be conducted with the applicant by the Regional/Network Committee before the completion of this section:

Name of Region/Network: \_\_\_\_\_

Date of the meeting with the applicant and recommendation: \_\_\_\_\_

Secretary: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Give an indication with regard to the following (please tick the applicable box):

	YES	NO	UNCERTAIN
Is the applicant a born-again Christian?			
Has the applicant been baptized by immersion in water?			
Is the applicant baptized in the Holy Spirit confirmed with speaking in tongues?			
Does the applicant have a calling towards ministry?			
Does the applicant have an anointing on his/her life?			
Would you recommend the applicant for ministry?			
Would you want the applicant to be one of the pastors in the Region/Network?			
Is the applicant's spouse/fiancé a born-again Christian?			
Has the applicant's spouse/fiancé been baptized by immersion in water?			
Is the applicant's spouse/fiancé baptized in the Holy Spirit with confirmation of speaking in tongues?			
Does the applicant's spouse/fiancé participate in assembly activities?			
Does the applicant's spouse/fiancé faithfully contribute financially to the assembly?			

Would you recommend the applicant's spouse/fiancé to be a suitable spouse and support in ministry?			
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If any of the above answers were 'NO' or 'UNCERTAIN', please explain the reason(s) for the answer:

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Describe the applicant's participation and interaction in Regional/Network activities:

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Would you recommend the applicant for participation in MIL?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Regional/Network Leader

\_\_\_\_\_  
Signature of Regional/Network Secretary

***The AFM reserves the right to accept or reject the application.  
The decision of the NLF is final and no negotiations will be entered into.***