

THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

(PBO no/WO nr: 930004069)

NATIONAL OFFICE



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APPLICATION FOR REINSTATEMENT AS AN ORDAINED PASTOR OF THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

ATTACH
A RECENT
ID PHOTO
HERE

NAME OF APPLICANT: _____

REGION: _____

DATE OF THIS APPLICATION: _____

2020

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. This application must be forwarded to the Governing Body of the Assembly of the applicant, who will duly consider it. If the Governing Body decides to recommend the applicant, the application must be forwarded to the Regional Committee for consideration and if approved of, the Regional Committee must forward a further recommendation with the application form to the General Secretary.
3. The applicant will thereafter be called, to appear before a NLF Committee for an interview **together** with his/her spouse, if the applicant is married.
4. Based on the recommendation of this Committee, the NLF will take the final decision at a meeting following the interview. If the application is approved, he/she will receive written notice of the reinstatement and the name of the applicant will be included in the list of approved candidates for ministry. This however, does not mean that the candidate should resign his/her current employment. Placement of candidates is subject to them finding a place where they would do ministry. This may take months or even years.
5. **During this time the candidate will be placed on Special Pastoral Status for twelve months. If he/she does not receive a call to an assembly within the twelve months, he/she must write a letter to the General Secretary explaining why his/her special pastoral status should not be terminated, failing which the status will automatically lapse.**
6. If the candidate receives a call to an assembly, it must be done according to the call system of the church. The Pledge of Office and Code of Conduct for pastors needs to be signed and copies thereof send to the General Secretary's office.
7. The following documents must be included in this application form:
 - 7.1 A recent post - card size photo of the applicant (and his/her spouse if married)
 - 7.2 Two recent passport size photo of the applicant.
 - 7.3 Certified copies of certificates or diplomas, which verify applicant's qualifications.
 - 7.4 A recent medical certificate.
 - 7.5 A certified copy of marriage certificate (if married).
 - 7.6 A certified copy of the applicant's ID document.
8. 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.
9. Approval for ministry by the NLF does not guarantee employment in the AFM of SA.

APPLICATION FOR RE-INSTATEMENT

Make an X mark in the applicable box

SECTION A: APPLICANTS INFORMATION

A.1 Name: _____

A.2 Surname: _____

A.3 ID No:

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A.4 Marital Status:

Single		Married		Divorced	
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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 attach 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 :

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Code :

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SECTION C: CHILDREN'S INFORMATION

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

SECTION D: ASSEMBLY AFFILIATION INFORMATION

D.1 CURRENT ASSEMBLY:

ASSEMBLY	REGION	PERIOD

D.2 PREVIOUS ASSEMBLY/IES:

Assembly	Region	Period

SECTION E: THEOLOGICAL ACADEMIC INFORMATION AND MINISTRY

Theological Qualifications	Institution	Date obtained

Other Qualifications	Institution	Date obtained

Were you an ordained Pastor Yes / No?

Date of your ordination _____

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

SECTION F: SPIRITUAL BACKGROUND INFORMATION

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

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

SECTION H: FINANCIAL STEWARDSHIP

Make an X mark in the applicable box

H.1

Have you been under administration?	Yes	No
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H.2

Have you been declared insolvent?	Yes	No
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H.3

If yes have you been rehabilitated since?	Yes	No
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H.4 Date of Rehabilitation

D	D	M	M	Y	E	A	R

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

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

Yes	No
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H.7 Are you a faithful tithe giver.

Yes	No
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SECTION I: RECOMMENDATION BY ASSEMBLY'S GOVERNING BODY

ASSEMBLY: _____ REGION: _____

At a properly constituted meeting of the above mentioned assembly's Governing Body held 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 Governing Body resolved:

That Brother / Sister: _____

ASSEMBLY SECRETARY NAME & SIGNATURE:

ASSEMBLY CHAIRPERSON NAME & SIGNATURE:

SECTION J: DECLARATION AND SOLEMN UNDERTAKING

I _____
 (*Full names and surname*), hereby, solemnly declare and undertake as follows:

I shall subject myself at all times to the Constitution and Confession of Faith of the Apostolic Faith Mission, the Pastoral Code of Conduct, the Pledge of Office and the church' s pronouncements on Doctrinal, Ethical and Liturgical matters.

Signed in my presence, as Commissioner of Oaths, at.....

on.....

Name of Commissioner of Oaths Signature of Commissioner

SECTION K: RECOMMENDATION BY REGIONAL COMMITTEE

REGION: _____

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 NLF sub-committee interviews held at

on The following recommendation was made:

That Brother / Sister

.....

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Name of Interviewer 1

Signature

Name of Interviewer 2

Signature

SECTION M: DECISION BY NLF

Resolution taken at NLF meeting of:

That Brother / Sister.....

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