

# Application for Ministry - Other Theological Institutions

**THE APOSTOLIC FAITH  
MISSION OF SOUTH AFRICA**



## NATIONAL OFFICE

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## 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 :          
D D M M Y Y Y Y

### BEFORE YOU COMPLETE THE DOCUMENT, PLEASE STUDY THE FOLLOWING CAREFULLY:

1. When you complete this document, please ensure 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 (12) 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 otherwise, it will not be considered: [selby@afm-ags.org](mailto:selby@afm-ags.org).
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. Thereafter the applicant will 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.

6. The NLF will take the final decision based on the recommendation of this Committee. The 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.
7. 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]
8. 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.
9. **The following documents must be included in this application form:**
  - 9.1 A recent post-card size photo of the applicant (and his/her spouse if married)
  - 9.2 Two recent passport-size photos of the applicant.
  - 9.3 Certified copies of certificates or diplomas which verify the applicant's academic and theological qualifications.
  - 9.4 A recent medical certificate.
  - 9.5 A certified copy of the marriage certificate (if married).
  - 9.6 Two recent testimonials, one from the Theological institution where the candidate has studied and another from an AFM church Pastor.
  - 9.7 A certified copy of the applicant's ID document.
10. 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.
11. Approval for ministry by the NLF does not guarantee employment in the AFM of SA.

## Application for Ministry

Make an X in the applicable box:

### SECTION A: APPLICANTS INFORMATION

Full Names :

Surname :

ID Number :

Marital Status : Married :  Single :  Divorced :

Date of Marriage (if married) :          
D D M M Y Y Y Y

Date of Divorce (if previously divorced) :          
D D M M Y Y Y Y

**Supply copies of divorce papers and reasons for the divorce.**

Contact Details : Home :  Work :   
Cell :  E-mail :

Correspondence Address :   
 Postal Code :

Physical Address :   
 Postal Code :

### SECTION B: SPOUSE INFORMATION

Full Names :

Surname :

ID Number :

Contact Details : Home :  Work :   
Cell :  E-mail :

Date of Divorce (if previously divorced) :          
D D M M Y Y Y Y

**Supply copies of divorce papers and reasons for the divorce.**

**SECTION C: CHILDREN'S INFORMATION**

	NAME	GENDER	DATE OF BIRTH DD/MM/YYYY
1.			
2.			
3.			
4.			
5.			

**SECTION D: ASSEMBLY INFORMATION**

CURRENT ASSEMBLY:

ASSEMBLY	REGION	PERIOD

PREVIOUS ASSEMBLY/IES:

ASSEMBLY	REGION	PERIOD

**SECTION E: THEOLOGICAL / ACADEMIC AND MINISTRY INFORMATION**

THEOLOGICAL QUALIFICATIONS	INSTITUTION	DATE OBTAINED DD/MM/YYYY

OTHER QUALIFICATIONS	INSTITUTION	DATE OBTAINED DD/MM/YYYY

Are you an Ordained Pastor :  Yes  No

If Yes: Date of your ordination :          
D D M M Y Y Y Y

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

**SECTION F: SPIRITUAL BACKGROUND INFORMATION**

Date of your Conversion :          
 D D M M Y Y Y Y

Date of your water Baptism :          
 D D M M Y Y Y Y

Date of your Holy Spirit Baptism :          
 D D M M Y Y Y Y

**SECTION G: MINISTRY EXPERIENCE**

Tick the applicable options:

<input type="checkbox"/> Presiding Pastor	<input type="checkbox"/> Home/Cell group
<input type="checkbox"/> Co-Pastor	<input type="checkbox"/> Prayer Meetings
<input type="checkbox"/> Soul Winning	<input type="checkbox"/> Open air Services
<input type="checkbox"/> Altar Work	<input type="checkbox"/> Communion Services
<input type="checkbox"/> Leading Board Meetings	<input type="checkbox"/> Baptismal Service
<input type="checkbox"/> Follow-up Work	<input type="checkbox"/> Dedication of Babies
<input type="checkbox"/> Home Visitation	<input type="checkbox"/> Funerals
<input type="checkbox"/> Visiting the Sick	<input type="checkbox"/> Music
	<input type="checkbox"/> Other: (Specify) <input type="text"/>

Briefly describe your ministry passion and your ministry gifts:

**SECTION H: FINANCIAL STEWARDSHIP**

Have you been under administration?  YES  NO

Have you been declared insolvent?  YES  NO

If yes: have you been rehabilitated since?  YES  NO

Date of Rehabilitation :          
 D D M M Y Y Y Y

**Please submit copies of the proof of rehabilitation.**

Have you been convicted of fraudulent activities by court in the past?  YES  NO

Are you a faithful tithe giver?  YES  NO

**SECTION I: RECOMMENDATION BY ASSEMBLY’S GOVERNING BODY IF THE APPLICANT IS ALREADY AN AFM OF SA MEMBER**

ASSEMBLY:  REGION:

At a properly constituted meeting of the above-mentioned assembly’s Governing Body held on

the following resolution was taken and minuted:  
 D D M M Y Y Y Y

“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:

ASSEMBLY CHAIRPERSON:

Name:

Name:

Signature:

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          
 D D M M Y Y Y Y

Name of Commissioner of Oaths :

Signature :

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

REGION :

At a properly constituted meeting of the above-mentioned Regional Committee on

the following resolution was taken and minuted:  
 D D M M Y Y Y Y

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

Brother / Sister [Redacted]  
[Redacted]  
[Redacted]

REGIONAL SECRETARY :

Name: [Redacted] Signature: [Redacted]

**SECTION L: RECOMMENDATION BY NLF SUB - COMMITTEE**

During the interviews of ministry candidates held at [Redacted]

on [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] the following recommendation was made by the NLF  
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subcommittee:

That Brother / Sister : [Redacted]  
[Redacted]  
[Redacted]

NLF MEMBER :

Name: [Redacted] Signature: [Redacted]

**SECTION M: DECISION BY NLF**

Resolution taken at NLF meeting of: [Redacted]

That Brother / Sister : [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]