

Ambassadors Ministerial Fellowship
P.O. Box 741689
Riverdale, Georgia 30274
(404) 449-7831
info@usamf.org
www.usamf.org

Licensing/Ordination Application

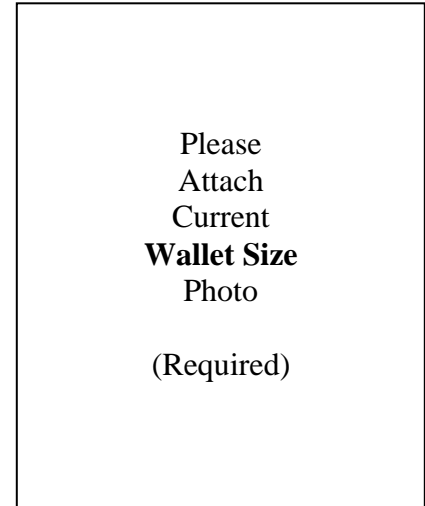
1. Attach a **CURRENT PHOTO** (head and shoulders - wallet size only)
2. Please attach application fees to this form. (Application will not be processed without payment.)

Please check method of payment: **(Please make Checks/Money Orders Payable to: Amazing Grace Ministries - P.O. Box 741689 Riverdale, GA 30274)**

___ Money Order ___ Check

3. PLEASE TYPE or PRINT CLEARLY. (Check all that apply)

4. I am applying for: ___ Member Church ___ Fellowship Membership ___
Ordination ___ Licensing ___



PERSONAL DATA

Please print or type information

Mr./Mrs./Ms. _____
(Last) (First) (Middle)

Present Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Fax Number: (_____) _____ - _____ E-Mail Address: _____

U.S. Citizen: ___ Yes ___ No If no, Country of Citizenship: _____

Sex: ___ Male ___ Female Date of Birth ____/____/____ Age: _____

Marital Status: ___ Single ___ Married ___ Divorced * ___ Separated* ___ Engaged**

Spouse: Date of Birth ____/____/____ Age: _____

Name of Spouse or Fiancé: _____

Date of Marriage (present or proposed): _____

Is your spouse or fiancé saved? ___ Yes ___ No

Is your spouse or fiancé filled with the Holy Spirit? ___ Yes ___ No

Is your spouse or fiancé in full support of your call to ministry? ___ Yes ___ No

If not, why? _____

If so, please list the date and the denomination /organization through which you received your credentials. (Please attach a copy of credentials.)

Name of current organization /denomination in which you are a part: _____

Number of years in organization: _____

Name of Presiding Bishop / General Overseer: _____

If you are leaving or have left this / these organizations or denominations, please explain why? (Please use separate sheet of paper if needed)

Identify the area(s) of five-fold ministry, according to Ephesians 4:11, in which you are called by God: _____

Do you agree with the AMF Statement of Faith? (See Statement of Faith) _____ Yes _____ No
(If you disagree with any point, please explain on a separate sheet of paper.)

Why do you want to join the AMF and how can the AMF help in your church or ministry?

Explain: _____

How did you hear about the AMF? _____

Have you previously submitted an application to AMF? _____ Yes _____ No

If Yes, when? _____

YOUR SPIRITUAL PILGRIMAGE

Date you were saved: ____/____/____ Were you raised in a Christian home? ____Yes ____No

BRIEFLY relate your conversion experience: _____

Date you were baptized by immersion: ____/____/____

Have you receive the baptismal of the Holy Spirit? ____ Yes ____ No

Date you were baptized with the Holy Spirit: ____/____/____

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any area of your personal life that would hinder your ministry at this time? ____Yes ____No

If Yes, please explain: _____

Do you currently use tobacco, alcohol, or illegal drugs? ____Yes ____No
(If so, please explain on a separate sheet of paper.)

Your Vision

In an effort to understand your vision concerning your ministry, please attach a 1 ½ page essay.

Educational History

(Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational / Technical 1 2

College: 1 2 3 4 Seminary Bible College Certificate Associate Bachelor Master Doctorate

List all higher educational institutions attended and degree earned.

<i>Name of School</i>	<i>Dates</i>	<i>Major</i>	<i>Diploma / Degree</i>

STATEMENT OF TRUTH

I understand that all items submitted to the AMF as part of the application process become the permanent property of AMF and will not be returned.

This application will be held in strictest of confidence. Only those persons with a need to know will review it. I grant AMF and its leadership permission to verify the information provided on this application.

I hereby state that all the information contained on this application is correct and true. If the AMF is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and /or revocation.

Signature

Date

Be sure to review your application before mailing. Incomplete applications will be returned to you for your completion and will slow down its processing.