

Application for Re-Instatement

**THE APOSTOLIC FAITH
MISSION OF SOUTH AFRICA**



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) Fax: +27 12 644 0732/4

Website: www.afm-ags.org

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 :

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

1. When completing this document 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, 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 an 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 from 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 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 need 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 postcard-size photo of the applicant (and his/her spouse if married)
 - 7.2 Two recent passport-size photos of the applicant.
 - 7.3 Certified copies of certificates or diplomas, which verify the applicant's qualifications.
 - 7.4 A recent medical certificate.
 - 7.5 A certified copy of the 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 in the applicable box:

SECTION A: APPLICANTS INFORMATION

Full Names :

Surname :

ID Number :

Marital Status : Married : Single : Divorced :

Date of Marriage :
(if married)

Date of Divorce :
(if previously divorced)

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 :

Have you ever been subjected to any disciplinary action? Yes No

If yes, please state the date of such inquiry/ action:

Explain in short how you lost your AFM pastoral status:

SECTION B: SPOUSE INFORMATION

Full Names :

Surname :

ID Number :

Contact Details : Home : Work :

Cell : E-mail :

Date of Divorce :
 (if previously divorced)

Supply copies of divorce papers and reasons for the divorce.

SECTION C: CHILDREN'S INFORMATION

	NAME	GENDER	DATE OF BIRTH DD/MM/YYYY
1.	<input style="width: 460px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
2.	<input style="width: 460px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
3.	<input style="width: 460px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
4.	<input style="width: 460px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
5.	<input style="width: 460px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>

SECTION D: ASSEMBLY INFORMATION

CURRENT ASSEMBLY:

ASSEMBLY	REGION	PERIOD
<input style="width: 460px;" type="text"/>	<input style="width: 130px;" type="text"/>	<input style="width: 130px;" type="text"/>

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

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 : [Redacted]

[Redacted]

[Redacted]

ASSEMBLY SECRETARY:

ASSEMBLY CHAIRPERSON:

Name: [Redacted]

Name: [Redacted]

Signature: [Redacted]

Signature: [Redacted]

SECTION J: DECLARATION AND SOLEMN UNDERTAKING

I [Redacted]

(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 [Redacted]

on [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
D D M M Y Y Y Y

Name of Commissioner of Oaths : [Redacted]

Signature : [Redacted]

SECTION K: RECOMMENDATION BY REGIONAL COMMITTEE

REGION : [Redacted]

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] 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:
D D M M Y Y Y Y

That Brother / Sister : [redacted]
[redacted]
[redacted]

INTERVIEWER 1 :

Name: [redacted] Signature: [redacted]

INTERVIEWER 2 :

Name: [redacted] Signature: [redacted]

SECTION M: DECISION BY NLF

Resolution taken at NLF meeting of: [redacted]

That Brother / Sister : [redacted]
[redacted]
[redacted]
[redacted]