



## Membership Application For RAIN Individual Membership

Ministry Staff of churches or ministries applying for RAIN Membership must also complete this **RAIN Individual Membership form and submit it along with the application materials.**

Individuals who are associated with non-affiliating churches and ministries may also apply for RAIN individual membership to maintain identification personally with the RAIN Network. As an individual member, you may be eligible for licensure or ordination by RAIN (see Membership Manual “Ministerial Credentials” section for explanation and qualifications).

Please print clearly. If the question does not apply, please write N/A (not applicable).

**I am a**

- Pastor**
- Trans-local (itinerant) Minister**
- Missionary**
- Ministry/Lay Leader**

**I am applying for individual membership, non-credentialed:**

**Fee \$35.00**

-- or --

**I am applying for individual membership and ministerial credentials.**

**Fee: \$75.00**

- Licensure**
- Ordination**

**Attach a CURRENT PHOTO**  
(head and shoulders only)

*If you and your spouse are both applying, two separate applications must be completed with individual photos attached. If you minister together, please also submit a current photo of you together. These must be suitable for publication (newsletters, brochures, etc.).*

**Before mailing, have you enclosed?**     Application Form     Photo     Application Fee

### A. PERSONAL DATA

Please type or print full legal name:

NAME (last)	(first)	(middle)	MAIDEN NAME
HOME ADDRESS	City	State/ Zip	Home Phone
Work Phone	Cell Phone		E-mail Address
Social Security Number	Sex	Date of Birth    F/M    /    /    Y/N	US Citizen?    Country of Citizenship
	(If permanent resident alien, enclose a copy of green card.)		

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

\* Confirm in writing when married.

\*\* Give thorough and complete details on a separate sheet and include a copy of legal documents for our records.

Name of Spouse or Fiancé(e) \_\_\_\_\_ Date of Marriage, present or proposed \_\_\_\_\_

Yes  No Is your spouse or fiancé(e) born again and filled with the Holy Spirit?

Yes  No Are you and your spouse or fiancé(e) willing to submit to the leadership of RAIN?

Yes  No Does your spouse or fiancé(e) support your call and ministry?

If not explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## B. CHURCH AFFILIATION

Everyone considered for membership in RAIN must be a member in good standing of a local church. List the name of the church which you currently (\_\_\_) pastor or of which you are a (\_\_\_) member.

\_\_\_\_\_  
Name of Church Senior Pastor Phone

\_\_\_\_\_  
Address City State Zip

How long have you attended or pastored this church? \_\_\_\_\_

If less than one year, state the reason and list the name of the previous church that you attended; include the pastor's name, address and phone number, how long attended or pastored, and reason for leaving.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a church split? \_\_\_\_ If yes, when did it take place and how were you involved?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## C. YOUR MINISTRY

\_\_\_ Yes \_\_\_ No Do you have a definite call of God on your life to enter into a lifetime of Christian ministry?

BRIEFLY explain when, how, and why you are called of God. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Ministry \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Are you or have you ever been licensed or ordained? If so, list denomination/organization, date credentialed, state and county filed in. (Please send a copy of your credentials)

Have you ever been disciplined or removed from a ministry position for any reason? (e.g., insubordination, ethical violations, or moral failure) \_\_\_ Yes \_\_\_ No If yes, please explain.

If you are leaving or have left this denomination/organization, please explain why: \_\_\_\_\_

Identify the area(s) of five fold ministry to which you feel God is calling (or has called) you: \_\_\_\_\_

Do you agree with the RAIN Statement of Faith? \_\_\_ Yes \_\_\_ No (If you disagree on any point, please explain on a separate sheet of paper)

Why do you want to join RAIN and how can RAIN help you in your ministry? Explain \_\_\_\_\_

How will receiving you as a member of RAIN be of benefit to the movement? \_\_\_\_\_

Are you willing to support RAIN financially according to the guidelines set forth in the Membership Manual?

How did you hear about RAIN? \_\_\_\_\_

Have you previously submitted an application to RAIN?  Yes  No If yes, when? \_\_\_\_\_

## **D. YOUR SPIRITUAL LIFE**

When were you born again \_\_\_\_\_ Were you raised in a Christian home?  Yes  No

Briefly relate your conversion experience. \_\_\_\_\_

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When were you baptized? \_\_\_\_\_ Where you baptized by immersion?  Yes  No

When were you filled/ baptized in the Holy Spirit. Briefly relate your experience at that time. \_\_\_\_\_

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Do you currently tithe of your income to a local church or direct overseer? Please explain: \_\_\_\_\_

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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. \_\_\_\_\_

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Have you ever been convicted of a felony or spent time in jail or prison?  Yes  No If yes, please explain on a separate piece of paper.

Are you currently involved in illicit heterosexual or in homosexual activities?  Yes  No

Have you been involved in illicit heterosexual or in homosexual activities in the past?  Yes  No  
If yes, when? \_\_\_\_\_

How did you end those activities? \_\_\_\_\_

Do you currently use illegal drugs?  Yes  No If yes, please explain \_\_\_\_\_

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Have you ever been treated for depression or for mental illness?  Yes  No

Are you currently under a doctor's care for depression or mental illness?  Yes  No

Are you currently on medication for depression or mental illness?  Yes  No

If yes to the above questions, please list your doctor's name, address and phone number:

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**E. YOUR VISION FOR MINISTRY**

To understand your vision concerning your ministry, please attach a one-page essay. (Please type.)

**F. EDUCATIONAL HISTORY**

(Circle highest level attended)

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

Master’s    Specialist    Doctorate    Bible School    Seminary

List all higher educational institutions attended and degrees earned:

Name of School	Dates	Major	Diploma or Degree

If your training for ministry was in the local church, please give a thorough listing of the process, letters from those who have mentored you, and a list of all special seminars and equipping conferences that you attended on a separate sheet. Please send copies of certificates, diplomas, or other pertinent records

**G. REFERENCES, ACCOUNTABILITY, and DUE PROCESS**

1) Who recommended you to join RAIN? \_\_\_\_\_

2) See enclosed forms. Please fill out the “Accountability & Due Process” form and return it along with your completed application form.

3) Please give the “Ministry Recommendation” form to your pastor or someone in full-time ministry that you have worked under.

4) The “Personal Recommendation” form can be given to an individual who has known you for at least five years. *Have your references mail the forms directly to the RAIN, Attn: RAIN Administrator.*

**Note: If you are applying for ministerial credentials through RAIN, your “Ministry Recommendation” person will be contacted for a brief reference update at the time of your licensure renewal (yearly for licensure and every other year for ordination).**

## H. STATEMENT OF TRUTH

I understand that all items submitted to RAIN as part of the application process will be held in strictest confidence. Only those persons with a need to know will review it. I hereby state that all of the information on this application is correct and true. I also affirm that I have read and agree to adhere to the RAIN membership manual. If RAIN is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

I grant RAIN and its leadership permission to verify information on this application and to include a criminal background check and a credit history.

I hereby testify that if accepted into membership I will faithfully support the RAIN network both financially and in prayer to the best of my ability.

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Signature of Applicant

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Date

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**RAIN - Resurrection Apostolic International Network**  
Mail completed application form with application fee & photo to:  
**RAIN** • Attn: RAIN Administrator • PO Box 386475 • Bloomington MN 55438  
USAPhone: (763) 566-7411 • E-mail: [mary@rainministries.org](mailto:mary@rainministries.org) • Website: [rainministries.org](http://rainministries.org)



## *Accountability & Due Process*

### **A. RAIN Apostolic Team Member**

Were you referred to the RAIN network by a member of the RAIN Apostolic Team?        yes        no

If yes, name(s) of Apostolic Team member(s) \_\_\_\_\_

If you are not currently in relationship with a specific member of the Apostolic Team, you will be assigned a team member who will be your primary RAIN contact for accountability and support. You will be given name and contact information at the time of your acceptance into the RAIN network.

#### **For Office Use Only:**

RAIN Apostolic Team Member: \_\_\_\_\_

Notified RAIN Apostolic Team Member

\_\_\_\_\_ Date

### **B. Due Process**

List two accountability people (on the back of this form) that you would choose to submit to, along with the apostle assigned to you in RAIN, should there ever be a need for due process and the application of Biblical justice. These people would be there for your support and protection through the process. Select people in ministry who love you, are for you, and have known you for at least five years.

The application of Biblical justice/due process would be used to handle accusations of moral failure, mishandling of funds, misuse of power or authority, or behavior unbecoming to a minister of the gospel.

In regards to any potential termination of licensure or membership from the RAIN network, the President and the Board of Directors of RAIN shall offer the member opportunity to be heard in mitigation, repentance, explanation or defense. The final decision to terminate membership or licensure lies solely within the discretion of the RAIN Board of Directors. All action on the part of RAIN will be administered redemptively, at the highest level of Christ's love according to the principles of scripture in Matthew 18.

*Form continues on next page*

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**RAIN - Resurrection Apostolic International Network**  
**Jim Rickard, Founder & President**

Phone: (763) 566-7411 Fax: (763) 566-9926  
E-mail: [rainoffice@rainministries.org](mailto:rainoffice@rainministries.org) Website: [www.rainministries.org](http://www.rainministries.org)

**Accountability & Due Process**

*(Applicant, please select individuals in ministry who love you, are for you, and have known you for at least five years.)*

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Name	Name of Church or Ministry, if applicable		
( )			
Address	City	State/Zip	Home Telephone
( )	( )		
Work Phone	Cell Phone	E-mail Address	
What is the nature of his/her relationship to you (e.g., pastor)? _____			
How long have you known him/her? _____			

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Name	Name of Church or Ministry, if applicable		
( )			
Address	City	State/Zip	Home Telephone
( )	( )		
Work Phone	Cell Phone	E-mail Address	
What is the nature of his/her relationship to you (e.g., pastor)? _____			
How long have you known him/her? _____			





# Personal Recommendation

(Applicant, please give this personal recommendation form to be filled out by someone who has known you five years or more. Have him/her mail it directly to the RAIN office.)

Name of Applicant (Last) (First) (Middle) (Maiden name)

Present Address City State/Zip Home Telephone

( ) ( )  
Work Phone Cell Phone E-mail Address

Name of Church or Ministry

Your name has been given as a personal reference for the above named person who is applying for membership in RAIN. Serious consideration will be given to your comments; therefore we ask that you carefully complete this form. Please return it directly to the RAIN office at the address listed below. Please be assured that your comments will be held in strictest confidence.

- How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months
- How well do you know the applicant? (check one)
 

_____ By name/sight	_____ Fairly well - numerous personal contacts
_____ Casually - few personal contacts	_____ Very well - close personal relationship

Comments:

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- Please give your knowledge of the applicant's involvement in church activities. (check one)
 

_____ Attends irregularly/shows little interest	_____ Cooperative, usually willing to help
_____ Seldom participates, but attends regularly	_____ Enthusiastic & is deeply involved in service

Comments:

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**(PERSONAL RECOMMENDATION CONTINUED)**

4. Give what you consider to be the applicant's strong points.

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5. Give what you consider to be the applicant's weak points.

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6. Please indicate below your rating status of the applicant:

	Above Average	Average	Below Average	Don't Know
a. Leadership	_____	_____	_____	_____
b. Responsibility	_____	_____	_____	_____
c. Christian Commitment	_____	_____	_____	_____
d. Ability to Communicate Scriptural Truth	_____	_____	_____	_____
e. Moral Character	_____	_____	_____	_____
f. Integrity/Honesty	_____	_____	_____	_____
g. Emotional Stability	_____	_____	_____	_____
h. Personal Appearance	_____	_____	_____	_____
i. Sense of Appropriateness	_____	_____	_____	_____
j. Teachability	_____	_____	_____	_____
k. Ability to Listen	_____	_____	_____	_____

7. Does the applicant have any personality traits which impair his/her relationship with others?

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8. Please share with us any information that you may know about the applicant that would help in our evaluation for membership. Specific incidents may be given or an overall personality appraisal.

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9. To your knowledge, does the individual have a definite call to the ministry?

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10. Having observed this person in the ministry, would you recommend them for membership in RAIN?

Highly Recommend     Recommend     With Reservations     Not Recommend

Thank you. We appreciate your kind assistance.

**YOUR RECOMMENDATIONS AND COMMENTS WILL BE KEPT IN THE STRICTEST CONFIDENCE.**

Your Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

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



## Ministry Recommendation

(Applicant, please give this ministry recommendation form to be filled out by your Pastor or someone in full-time ministry that you have worked under. **Have him/her mail it directly to the RAIN office.**)

Name of Applicant (Last) (First) (Middle) (Maiden name)

Present Address City State/Zip Home Telephone

( ) ( )  
Work Phone Cell Phone E-mail Address

Name of Church or Ministry

Your name has been given as a personal reference for the above named person who is applying for membership in RAIN. Serious consideration will be given to your comments; therefore we ask that you carefully complete this form. Please return it directly to the RAIN office at the address listed below. Please be assured that your comments will be held in strictest confidence.

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months
2. How well do you know the applicant? (check one)  
\_\_\_\_\_ By name/sight \_\_\_\_\_ Fairly well - numerous personal contacts  
\_\_\_\_\_ Casually - few personal contacts \_\_\_\_\_ Very well - close personal relationship

Comments:

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3. Please give your knowledge of the applicant's involvement in church activities. (check one)  
\_\_\_\_\_ Attends irregularly/shows little interest \_\_\_\_\_ Cooperative, usually willing to help  
\_\_\_\_\_ Seldom participates, but attends regularly \_\_\_\_\_ Enthusiastic & is deeply involved in service

Comments:

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Form continues on next page

**(MINISTRY RECOMMENDATION CONTINUED)**

4. Give what you consider to be the applicant's strong points.

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5. Give what you consider to be the applicant's weak points.

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6. Please indicate below your rating status of the applicant:

	Above Average	Average	Below Average	Don't Know
a. Leadership	_____	_____	_____	_____
b. Responsibility	_____	_____	_____	_____
c. Christian Commitment	_____	_____	_____	_____
d. Ability to Communicate Scriptural Truth	_____	_____	_____	_____
e. Moral Character	_____	_____	_____	_____
f. Integrity/Honesty	_____	_____	_____	_____
g. Emotional Stability	_____	_____	_____	_____
h. Personal Appearance	_____	_____	_____	_____
i. Sense of Appropriateness	_____	_____	_____	_____
j. Teachability	_____	_____	_____	_____
k. Ability to Listen	_____	_____	_____	_____

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Highly Recommend     Recommend     With Reservations     Not Recommend

Thank you. We appreciate your kind assistance.

**YOUR RECOMMENDATIONS AND COMMENTS WILL BE KEPT IN THE STRICTEST CONFIDENCE.**

Your Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_