
Social Security Number **F/M** / / **Y/N**
Sex Date of Birth 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. _____

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. _____

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

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. _____

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 _____

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:

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
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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.

Signature of Applicant

Date

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

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

Phone: (763) 566-7411 Fax: (763) 566-9926
E-mail: rainoffice@rainministries.org Website: 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.)

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? _____

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.

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:

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:

Form continues on next page

(PERSONAL RECOMMENDATION CONTINUED)

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

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

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?

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.

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

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:

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:

Form continues on next page

(MINISTRY RECOMMENDATION CONTINUED)

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

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

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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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: _____