



MEMBERSHIP APPLICATION FOR RAIN GENERAL MEMBERSHIP

Ministry staff of churches or ministries applying for RAIN Membership must also complete this **RAIN Individual Membership Form** and submit 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 personal 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).

ATTACH A CURRENT PHOTO

(headshot 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, website, etc.)

☐ I am applying for individual membership, non-credentialed: Fee \$35

A. PERSONAL DATA – *please use full legal name*

NAME (Last)	(First)	(Middle)	MAIDEN NAME	
HOME ADDRESS		City	State	Zip
Personal phone	Work phone	Email		
	M / F	Y / N		
Social Security Number	Gender	Date of Birth	US Citizen?	Country of Citizenship

Submit completed application with photo & online payment or mail with a check & photo to the address below.

RAIN – Resurrection Apostolic International Network

RAIN ♦ PO Box 418 ♦ Black River Falls, WI 54615

Email: rainoffice@rainministries.org ♦ rainministries.org

B. CHURCH OR MINISTRY RELATIONSHIP

Everyone considered for membership in RAIN must be in a healthy relationship with a church and/or ministry. List the name of the church or ministry in which you are currently affiliated with.

Name of Church/Ministry	Senior Pastor/Leader	Phone
Address	City	State Zip

YOUR MINISTRY

Are you called to a lifelong Christian ministry?

☐ YES ☐ NO

Briefly explain when, how and why you are called of God: _____

Are you willing to support RAIN financially according to the guidelines set forth in the Membership Manual? ☐ YES ☐ NO If yes, when? _____

How did you hear about RAIN? _____

Have you previously applied to RAIN? ☐ YES ☐ NO

C. REFERENCES, ACCOUNTABILITY, & DUE PROCESS

1. Who referred or recommended you to RAIN? _____
2. Fill out the ACCOUNTABILITY & DUE PROCESS form

3. and return it along with your completed application.
4. Ask someone who has known you for at least 5 years, complete the PERSONAL RECOMMENDATION form. Have them email or mail the recommendation directly to RAIN, Attention: RAIN Administrator.

D. 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 confirm all information in this application is truthful and accurate. 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 in 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 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

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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 of the Apostolic Team Member? _____

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 their contact information at the time of your acceptance into the RAIN Network.

For office use only

RAIN Apostolic Team Member _____

☐ RAIN Apostolic Team Member Notified: Date _____

B. DUE PROCESS

List 2 accountability people that you would choose to submit to, along with the RAIN Apostle assigned to you, should there 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 a minimum of 5 years.

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

In regards to any potential termination of licensure or membership from RAIN, the President and 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 the principles of Scripture in Matthew 18.

Accountability & Due Process – *please select individuals in ministry who love you, are for you, and who have known you for a minimum of 5 years.*

1. _____

Name	Address	City	State	Zip
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Phone	email address			
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Name of church or ministry if applicable _____

What is the nature of his/her relationship with you? (pastor, teacher, mentor, friend, etc.) _____

How long have you known them? _____

2. _____

Name	Address	City	State	Zip
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Phone	email address			
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Name of church or ministry if applicable _____

What is the nature of his/her relationship with you? (pastor, teacher, mentor, friend, etc.) _____

How long have you known them? _____



PERSONAL RECOMMENDATION

Applicant, please give this form to be filled out to someone who has known you for 5 years or more. Have him/her mail directly to the RAIN office.

Name of applicant:

_____	_____	_____	_____
Last name	First name	Middle	Maiden name

Present address	City	State	Zip

Cell phone	Work phone	Email address	

Name of church or ministry

Your name has been given as a personal reference for the above-named individual 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 strict confidence.

1. How long have you known the applicant? ____ years ____ months

2. How well do you know the applicant? *Please check one of the following:*

- ☐ By name/sight ☐ Casually – a few personal interactions
☐ Fairly well – numerous personal interactions ☐ Very well – close personal relationship

Comments:

Personal Recommendation continued

3. Please tell us about the applicant's involvement in church/ministry activities:

Check one of the following:

- ☐ Attends regularly ☐ Seldom participates but attends regularly
☐ Cooperative, usually willing to help ☐ Enthusiastic & deeply involved

Comments:

4. What do you consider to be the applicant's strengths?

5. What do you consider to be the applicant's weaknesses?

6. Please rate the applicant on the qualities below:

- | | | | | |
|--|--|----------------------------------|--|-------------------------------------|
| a. Leadership | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| b. Responsibility | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| c. Christian commitment | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| d. Ability to communicate scriptural truth | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| e. Moral character | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| f. Integrity/Honesty | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| g. Emotional stability | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| h. Personal appearance | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| i. Sense of appropriateness | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| j. Teachability | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |
| k. Ability to listen | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Don't know |

7. Does the applicant have any personality traits which impair his/her relationship with others? Specific incidents may be given or an overall personality assessment.

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8. Please share any information you may know about the applicant that would be helpful in our evaluation for membership.

9. Do you believe the applicant has a definite call to the ministry?

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

☐ Highly recommend ☐ Recommend ☐ With reservation ☐ Not recommend

Thank you for taking the time to complete this form. We appreciate your kind assistance!

YOUR RECOMMENDATION & COMMENTS WILL BE HELD IN STRICT CONFIDENCE.

Your Name_____

Occupation_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email Address_____

Date_____ Signature_____