



Membership Application For RAIN Credentialed 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).

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.).

☐ I am applying for individual membership and ministerial credentials.

Fee: \$75.00

☐ Licensure

☐ Ordination

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 (if applicable)	
Home Address	City	State	Zip	
Cell phone	Work phone	Email		
	M / F		Y / N	
Social Security Number	Gender	Date of Birth	US Citizen	Country of Citizenship

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

*Confirm in writing upon marriage

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

Name of spouse or fiancé _____ Date of marriage, present or proposed _____

Is your spouse or fiancé born again and filled with the Holy Spirit?

Are you and your spouse or fiancé willing to submit to the leadership of RAIN?

Does your spouse or fiancé support your call and ministry?

If not, please explain: _____

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 with which you currently are affiliated.

Church/Ministry Name	Senior Pastor	Phone
City	State	Zip

C. YOUR MINISTRY

If you feel called to a lifetime of Christian ministry, please briefly explain when, how, and why you sensed this calling or commitment. You may wish to include specific experiences, events, or influences that helped shape your sense of calling.

Are you willing to support RAIN financially according to the guidelines set forth in the Membership Manual?
☐ Yes ☐ No

How did you hear about RAIN? _____

Have you previously applied 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 describe your experience at that time _____

Do you currently tithe from your income to a local church or direct overseer? If yes, please explain _____

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any are 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 activated 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 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 explain? ☐ Yes ☐ No

E. YOUR VISION FOR MINISTRY

To understand your vision for 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 12 College 1 2 3 4

☐ Master's ☐ Specialist ☐ Doctorate ☐ Bible School ☐ Seminary

Educational History continued

Please 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

- Who recommended RAIN to you? _____
- See enclosed forms. Please fill out the "Accountability & Due Process" form and return it along with your completed application form.
- Please give the "Ministry Recommendation" form to your pastor or someone in full-time ministry under which you have worked.
- The "Personal Recommendation" form can be given to an individual who has known you for at least five years.

Please ask your references to mail the forms directly to RAIN, PO Box 418, Black River Falls, WI 54615

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 people with a need to know will review it. I hereby state that all 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 discovers that any information provided on this application is false, it may result in immediate dismissal.

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

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 • PO Box 418 • Black River Falls, WI 54615 •
E-mail: rainoffice@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 of the Apostolic Team Member _____

If you are not currently in relationship with a specific member of the Apostolic Team, you will be assigned to 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. Regarding 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 to 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

Phone Email

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

Phone Email

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 someone who has known you for 5 years or more. Have him/her fill it out and email it to us or send by mail directly to the RAIN office. (RAIN, PO Box 418, Black River Falls, WI 54615)

Name of applicant:

Last name	First name	Middle	Maiden name (if applicable)
Present address	City	State	Zip
Cell phone	Work phone	Email address	
Name of church or ministry			

You have been listed as a personal reference for the individual mentioned above, who is seeking membership in RAIN. Your comments are important and will be given thoughtful consideration; therefore, we ask that you carefully complete this form. Please return it directly to the RAIN office at the address listed below by mail or email as indicated. Your comments will be held in strict confidence. Thank you very much for your assistance and thoughtful response.

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 – frequent 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 services regularly
☐ Cooperative, usually willing to help ☐ Enthusiastic, deeply committed and 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. On a scale of 1 – 10, with ten be the highest rating & one being the lowest, please rate the applicant on the following qualities:

a. Leadership	1	2	3	4	5	6	7	8	9	10
b. Responsibility	1	2	3	4	5	6	7	8	9	10
c. Christian commitment	1	2	3	4	5	6	7	8	9	10
d. Ability to communicate scriptural truth	1	2	3	4	5	6	7	8	9	10
e. Moral character	1	2	3	4	5	6	7	8	9	10
f. Integrity/Honesty	1	2	3	4	5	6	7	8	9	10
g. Emotional stability	1	2	3	4	5	6	7	8	9	10
h. Personal appearance	1	2	3	4	5	6	7	8	9	10
i. Sense of appropriateness	1	2	3	4	5	6	7	8	9	10
j. Teachability	1	2	3	4	5	6	7	8	9	10
k. Ability to listen	1	2	3	4	5	6	7	8	9	10

7. Does the applicant have any personality traits which impair his/her relationship with others? You may provide examples of incidents or offer a general assessment of their personality.
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 _____

Please scan & email to: office@rainministries.org

or mail to:

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

RAIN – Resurrection Apostolic International Network