

Faith Christian Fellowship International



Sending Laborers Into The Field For The Harvest Armed With The Tools Needed To Win The World For Christ
 PO Box 367 ~ Eaton, OH 45320 PH: (765)962-4406 Fax: (937)456-2144 info@fcfi.us www.fcfi.us

APPLICATION FOR CHURCH/MINISTRY/MISSION ORGANIZATION INCLUSIVE MEMBERSHIP

We are applying for: Inclusive Charter Membership (ICM) (No IRS Covering) \$ 200.00/year
 includes one Ordained/Licensed Minister or Ministry Officer
 Security Check fee \$ 35.00 one time fee
Total Paid \$

Please type or print clearly

Please include the appropriate application fee with this application

Ministry Name: _____

Address: City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Officer/Pastor Name: _____

Is the ministry incorporated? Yes ___ No ___

If so, when? _____ What state? _____

Does the ministry have a statement of faith? Yes ___ No ___ *(Please enclose a copy with this application)*

Type of Ministry:
 _____ Church _____ Local Ministry _____ Missionary _____ Mission Organization

Briefly explain your ministry: _____

Do you have professional liability insurance? Yes ___ No ___ Do you have property insurance? Yes ___ No ___

Have you had any lawsuits against your church/organization? Yes ___ No ___ If yes, please explain _____

Do you plan to license or ordain ministers under this charter? Yes ___ No ___

What other fellowships, organizations, or associations do you belong to _____

Have you read the Faith Christian Fellowship Constitution and Bylaws? ___ Yes ___ No
 Do you agree with Faith Christian Fellowship Statement of Faith? ___ Yes ___ No

CHURCH/MINISTRY/MINISTRY RESOLUTION FOR MEMBERSHIP

NOTE: *If your Church/Ministry already has a Constitution and Bylaws, the following resolution, when passed and attached to the Constitution will meet the requirements for membership as set forth in The Faith Christian Fellowship International Constitution. A copy of this resolution, along with your Constitution and Bylaws should be submitted with the application for affiliation.*

Minutes of the _____
Name of the Church/Ministry

Of _____
Address City State

At an officially called meeting of this Church/Ministry on the _____ day of _____, 20____
the following resolutions were passed and made an official part of the Church/Ministry Minutes.

- 1. **RESOLVED:** *That this Church/Ministry shall now file an application to be an affiliated member of the Faith Christian Fellowship International. All conditions required for affiliation will be promptly met.*
- 2. **RESOLVED:** *That the purpose of this Church/Ministry is limited exclusively to religious, charitable, and educational activities. All properties of this Church/Ministry shall be held in the name of the Church/Ministry, and not individually owned, and shall be irrevocably devoted to Church/Ministry work. No part of the net income of this Church/Ministry shall inure to the benefit of any private individual or member.*
- 3. **RESOLVED:** *That, in the event of dissolution, the following provisions are made:*
 - A. *All material and financial assets of this Church/Ministry shall be assigned to a religious organization which is recognized by the US. Treasury Department as having a tax-exempt status.*
 - B. *Under no circumstances will the assets of this Church/Ministry accrue to the personal benefits of an individual.*
- 4. **RESOLVED:** *That this Church/Ministry shall be governed by officers, including a Secretary and Treasurer and an annual business meeting will be held. Accurate records of all business meetings and financial matters pertaining to the Church/Ministry will be kept by an official Member of the Church/Ministry.*

Accepted by the Church/Ministry this _____ day of _____ 20____

Printed Name, Secretary

Signature, Secretary

STATEMENT OF TRUTH

I understand that all items submitted to Faith Christian Fellowship International (FCFI) as part of the application process, becomes the permanent property of FCFI and will not be returned.

I understand that any application fee and dues paid to FCFI will be retained by FCFI and will not be returned or refunded unless this application is denied; a \$10.00 handling fee will be retained.

This application will be held in confidence. Only those persons with a need to know will review it. I grant FCFI and its leadership, permission to verify the information provided on this application.

I hereby state that the information contained on this application is correct and true. If FCFI is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation of issued credentials.

I hereby understand that the integrity of our Lord and Savior Jesus Christ and the standards and articles of faith of FCFI will be maintained at all times. If for any reason there is a breach of those standards, I understand that this application and any issued credentials can and will be revoked and terminated by the decision of the board of directors of FCFI.

I have read the Bylaws and the Statement of Faith and Doctrine of FCFI. I agree to support and abide by the Bylaws and the Statement of Faith and Doctrine of Faith Christian Fellowship International.

Applicant's Signature

Date

RECOMMENDATIONS

Signature of FCFI member who recommended and will sponsor you.

Signature

If you do not have an FCFI member to sponsor you, it is required that you secure an FCFI Member Church to sponsor you.

Pastor/Church

Applicant: Please forward the attached personal reference of your choice to complete and return to us.

FOR OFFICE USE ONLY

<p>_____ <i>Approved</i> <i>Date:</i> _____</p> <hr/> <p>_____ <i>Officer's Signature</i></p> <p>_____ <i>Approval Denied</i></p> <p><i>Reason for Denial:</i> _____</p> <hr/>

<p>Amount Received _____</p> <p>Check# _____</p> <p>Date _____</p> <p>Data In Computer _____</p> <p>Mailed Certificate _____</p>
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ARBITRATION AGREEMENT

Section 1. PURPOSE OF THE AGREEMENT

The purpose of this Agreement is to memorialize the relationship between _____ (hereinafter "Member") and Faith Christian Fellowship International, Inc. (hereinafter referred to as "the Fellowship"). Also to provide for expedited resolution of disputes with minimal expenses and attorney fees by binding arbitration.

Section 2. THE MEMBER RELATIONSHIP

Member and the Fellowship agree that during the term of this Agreement, Member will serve as a member of the Fellowship. Member understands that membership with the Fellowship is at the will of the Fellowship, and this Agreement is terminable at the sole discretion of, and by, either party, with or without cause at any time and for any reason.

Member understands that the Fellowship is a Christian ministry organization, and Member subscribes without reservation to the Faith Christian Fellowship International, Inc. Statement of Faith and agrees to abide by these doctrines in all aspects of life, both at and away from Faith Christian Fellowship International, Inc. ministries and functions. Member agrees to actively support Faith Christian Fellowship International, Inc., faithfully attending public services and taking an active part in the total Fellowship program. Member agrees to be loyal to his or her pastor and the Fellowship programs in word and in deed. Member agrees to fulfill all duties and responsibilities of supporting Faith Christian Fellowship International, Inc., including, but not limited to, enthusiastically giving and supporting the endeavors of the Fellowship.

Member understands and agrees that his or her role as a member of the Fellowship is to perform at the will of the Board of the Fellowship or other ministry leadership duly authorized to control the terms and conditions of membership. Following this authority structure as commanded of God, Member agrees to perform all duties and responsibilities entrusted to him or her by the Board or ministry leadership to their complete and full satisfaction; and Member understands that all of the terms or conditions of this Agreement are to be interpreted according to the understanding of the Board and ministry leadership.

Section 3. RESOLUTION OF DISPUTES; BINDING ARBITRATION AGREEMENT

As all Fellowship Members are Christians and the Fellowship is a Christian ministry organization, both parties agree that they would never threaten to sue, or actually litigate in court any matter whatsoever relating to or resulting from employment with the Fellowship or this Agreement. To do otherwise would be in clear violation of Biblical teaching and practice.

Instead, Member and the Fellowship agree that they will try to informally resolve any legal dispute or controversy that arises between them relating in any way to the relationship between the Member and the Fellowship. The aggrieved party must give written notice of any claim to the other party within one year of the date of the alleged wrong, otherwise the claim shall be void and waived. In the event that such dispute cannot be resolved informally, Member and the Fellowship agree that the dispute will be presented to the Board of Directors of the Fellowship for resolution.

Member and the Fellowship further agree that any party that is dissatisfied with the Board's resolution of such dispute, and who wishes to pursue it further, must submit to, and have it determined by, binding arbitration under the attached rules and procedures. Provided, however, that nothing herein shall limit Member's right to file a charge or complaint with any government agency, although Member may not file a court action based on such agency charge or complaint. This Agreement covers all employment disputes between Member and the Fellowship, whether based on tort, contract, statutory, common law, or otherwise, including both federal and state claims, with the sole exceptions of workers compensation claims, unemployment compensation claims, and claims by the Fellowship relating to trade secrets or alleged violation of non-competition agreements.

If any provision of this Agreement is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the Agreement.

MEMBER AND THE FELLOWSHIP REPRESENT THAT THEY HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT, HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH THEIR PRIVATE LEGAL COUNSEL, AND ARE ENTERING INTO IT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS OTHER THAN THOSE CONTAINED IN THE AGREEMENT ITSELF.

MEMBER NAME

FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.
THE FELLOWSHIP

Member Signature

Kenneth E. Harbaum, President

Date

President's Signature

Date

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please type or print clearly

I am applying as a: Licensed Minister Ordained Minister Ministry Officer

STATUS OF CREDENTIALS:

Currently Licensed If so, when? _____ From where? _____
 Currently Ordained If so, when? _____ From where? _____

I desire to be licensed
 I have been licensed but desire to be ordained

Please secure document or visit www.fcfi.us for License/Ordination information

PERSONAL DATA

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____ Home phone: _____

Date of Birth: ___/___/___ Age: ___ Sex: M F Social Security Number: _____

Marital Status: Single ___ Married ___ Divorced ___ Remarried ___ Engaged: ___ Widowed: ___

Spouse Name (if applicable): _____ Birthdate ___/___/___

Child's Name: _____ Birthdate ___/___/___ Male ___ Female ___

Child's Name: _____ Birthdate ___/___/___ Male ___ Female ___

Child's Name: _____ Birthdate ___/___/___ Male ___ Female ___

Is your ministry: ___ Part Time ___ Full Time ___ Bi-vocational

Gifted: ___ Prophet ___ Teacher ___ Pastor ___ Apostle ___ Evangelist

Have you ever been arrested or convicted for any criminal act? _____ If so, please explain _____

Have you ever sought psychiatric/professional counsel? _____ If so, please explain _____

PERSONAL HISTORY

Please check the activities you have engaged in during the past five years

- | | | |
|--|-----------|----------|
| 1. Smoking or Tobacco Use | _____ Yes | _____ No |
| 2. Drinking Alcohol (including socially) | _____ Yes | _____ No |
| 3. Pornography (in any form) | _____ Yes | _____ No |
| 4. Homosexuality/Lesbianism | _____ Yes | _____ No |
| 5. Illegal Drug Use | _____ Yes | _____ No |
| 6. Fornication/Adultery/Molestation | _____ Yes | _____ No |
| 7. New Age/Cult Involvement | _____ Yes | _____ No |
| 8. Murder/Rape/Theft | _____ Yes | _____ No |

If yes on any point above, please explain in detail on a separate sheet of paper. Please include your deliverance and restoration process. Also include to whom you are accountable.

PERSONAL REFERENCES

Please identify two people, other than family, whom you have known for more than one year

Name Address City, State, Zip Phone

Name Address City, State, Zip Phone

CHURCH AFFILIATION

Please indicate the church in which you currently pastor or attend

Name: _____ Telephone _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you attended this church? _____ What Capacity? _____

MINISTRY BACKGROUND

What is the extent of your preparation for the ministry? _____

Schools attended _____

Give a brief history of your ministerial experience (*i.e. churches pioneered or pastored, evangelist meetings*)

What other fellowships, organizations or associations do you belong to _____

SPIRITUAL HEALTH/PILGRIMAGE

If you are presently licensed or ordained, please attach a copy of your credentials.

Have you ever had your license suspended or revoked? ___ Yes ___ No

If yes, please explain _____

Do you agree with Faith Christian Fellowship International statement of faith? ___ Yes ___ No

If no, please explain _____

If you are leaving or have left a denomination/organization, please explain _____

Were you raised in a Christian home? ___ Yes ___ No

When were you born again? _____ Please briefly explain your experience _____

Have you lived a consistent Christian life since conversion? ___ Yes ___ No

If no, please explain _____

Were you baptized by immersion? ___ Yes ___ No

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 _____

Please use additional paper if needed to complete any of the above questions

FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL

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MINISTERS REFERENCE QUESTIONNAIRE

Name of applicant:

Last

First

Middle

The above named person is applying for Ministerial Credentials with Faith Christian Fellowship International of Richmond, Indiana. The questions listed below should be answered honestly and correctly, for serious consideration will be given to your answers.

Our files are kept confidential, so please fill out this form to the best of your ability and return it to our office in the envelope provided.

1. How long have you known the above person? _____ years.
2. Has your relationship been: Intensive __ Very Close __ Close __ Casual__ Intermittent __ Distant__ Other_____
3. What has been the nature of your acquaintance? Were you:
Church: Pastor__ Sunday School Teacher__ Choir Director__ Co-worker__ Fellowship__ Other_____
Social: Friend of the family__ Personal Friend__ Neighbor__ Other_____
4. To your knowledge, does this individual have a definite call to the ministry?
Yes__ No__ Do not know_____
Comments: _____
5. To your knowledge, is applicant currently involved in active ministry? Yes__ No__ Do not know__
6. Pulpit Experience/Preaching and Teaching:
Well experienced__ Light experience__ No Experience__ Do not know ____.
7. Ability to work (In the ministry).
Very industrious, does more than required__ Satisfactory work ability__ Enough to get by__ Does not meet minimum requirements__ Do not know__
8. Stability/Ability to withstand pressure:
Tolerates pressure well__ Average tolerance/usually remains calm__ Easily irritated__ Cannot handle pressure__ Do not know__
9. Personal Organization:
Conscientious, tidy and clean__ Fairly neat__ Tends to be disorderly__ Disorderly and untidy__ Do not know__

MINISTER'S RECOMMENDATION, CONT.

10. Response/Attitude to Authority:

Helpful and cooperative___ Usually responsive___ Resentful of authority___
Not cooperative/very resentful___ Do not know___

11. Emotional Stability:

Self-controlled and mature___ Usually stable___ Moody and changeable___
Many uncontrolled periods/unstable___ Do not know___

12. From your knowledge of applicant's general character, past record, and present behavior, check any of the following which apply:

Uses tobacco___ Gambles___ Drinks alcoholic beverages___ Has been involved in serious community disturbances___ Has been arrested for other than minor traffic violations___ Has a reputation for involvement in behavior indicating serious moral weakness___

13. Having observed this person in the ministry, would you:

Highly recommend___ Recommend ___ Recommend with reservations___
Please list reservations

Not re commended___

I do not know enough about his/her ministry to make a valid recommendation___

14. Please give us your personal comments on the integrity of the applicant to aid us in our decision making.

Name_____ Signature _____

Address_____

City_____ State_____ Zip_____

Telephone () _____ Age 18-25__ 26-35__ 36-50__ 51 & over__

Ministry Name _____

Your Position _____

(Please return this form to the above address)

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PERSONAL REFERENCE QUESTIONNAIRE
(confidential)

Applicant: Please forward this form to a personal reference of your choice to complete and return to us.

Your name has been given as a reference by _____, please complete to the best of your ability and return to our office immediately at the address above. Thank You!

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Have you had genuine fellowship with the applicant? _____
4. Please complete the following to the best of your knowledge of the applicant:
 - a. He/she has sound doctrine? _____
 - b. He/she is spiritually mature? _____
 - c. He/she is able to work well with others at close range? _____
 - d. He/she is able to minister the Word of God effectively? _____
 - e. He/she is strictly honest and trustworthy? _____
 - f. He/she is able to manage his/her financial affairs with discretion? _____
 - g. He/she is faithful and loyal to his/her pastor and church? _____
 - h. He/she is willing to submit to authority? _____
 - i. He/she is filled with the Holy Ghost? _____
 - j. He/she is evangelistic for lost souls? _____

What recommendation do you give this applicant? (Check only one)

_____ highest possible recommendation _____ strong recommendation
_____ recommend with reservation _____ cannot recommend

Comments: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____

Date: _____

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_____ recommend with reservation _____ cannot recommend

Comments: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____

Date: _____