

*Faith Christian  
Fellowship International*

*MINISTRY CREDENTIAL  
PACKET*



## FCFI MINISTRY CREDENTIALS

Dear Fellow Minister,

I call you blessed in the wonderful Name of Jesus! God is continually doing great and wonderful things here at *Faith Christian Fellowship International*. It is my prayer that you have found God to be just as great and wonderful in your life and ministry as you serve Him.

Thank you for your desire to become a Licensed / Ordained minister with *Faith Christian Fellowship International*.

1. We request a current picture to be used for your credential card. Please attach your application fee and your picture to your application.
2. Please read and sign the enclosed Minister's Statement of Commitment and return it with your application form.
3. The one (1) Minister Questionnaire and two (2) Personal Questionnaires Reference Questionnaire forms, (attached) must be sent to individuals and they must complete the form and return the questionnaire in a sealed envelope to the FCFI office before any action can be taken concerning your application for ministerial credentials.
4. Once we receive your application, the FCFI Executive Board will act upon your request for License / Ordination and inform you of their decision in a timely manner. Upon approval of your application we will issue your FCFI Credentials and Credential Card.
5. All ministerial credentials with *Faith Christian Fellowship International* will expire on December 31 of each year. A yearly renewal form for continued FCFI ministerial credentials will be sent to all active credential members in November of each year.

Thank you for your service to the King! May you be richly blessed as you continue to labor for Him in the work He has called you to!

In *HIS* Service,

Kenneth Harbaum, President

Adopted 8//2016



## *Minister's Statement of Commitment*

I, the undersigned, realize that by receiving credentials from *Faith Christian Fellowship International*, I am entering a covenant to live a clean, pure, holy and upright life that will honor the Lord Jesus Christ, *Faith Christian Fellowship International* and my fellow gospel ministers. My ministerial behavior and conduct of duties must be performed with utmost accuracy, professionalism, excellence, and always in line with the Holy Scriptures.

I am willing and hereby do accept the leadership of the presiding Bishop and will allow him to speak into my life and ministry even though he may not be my pastor or ministerial leader, I respect him and his position as leader of the *Faith Christian Fellowship International* Credential Program. I am further willing to and do hereby agree to abide by and agree to the *Faith Christian Fellowship International* Statement of Faith and Doctrine and will conduct myself accordingly.

I fully understand that I am not authorized to provide ministerial services and / or perform sacerdotal functions contrary to the *Faith Christian Fellowship International* Statement of Faith and Doctrine, the Christian faith, and the Holy Scriptures (the authorized King James Version of the Bible). I understand that I am not required, nor legally authorized, to provide (and must specifically choose against the provision of) services to any individual(s) if such request is in violation of these religious beliefs and Doctrine. However, any and all decisions pertaining to providing such services shall be carried out in a manner that promotes the salvation (the redemption of man from the bondage of sin and biblical acceptance of the provision of Jesus Christ for eternal life) of all persons.

I understand that if I do not abide by the beliefs and Doctrine of *Faith Christian Fellowship International* as clearly documented in the Statement of Faith and Doctrine, and the moment I violate these established beliefs my credentials are automatically revoked, and the authorization to function granted to me by *Faith Christian Fellowship International* is immediately rescinded.

I attest to the fact that I have read, understand, and agree with the *Faith Christian Fellowship International* Statement of Faith and Doctrine and, as a condition of holding credentials, and the policies and procedures of the *Faith Christian Fellowship International* Credential Program, and conduct myself accordingly.

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Name of Applicant (please print)

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Applicant's Signature \_\_\_\_\_ date \_\_\_\_\_

# FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL

P O Box 367 ~ Eaton, Ohio 45320

Phone: 765-962-4406 Fax: 937-456-2144

E-mail: [info@fci.us](mailto:info@fci.us)

## APPLICATION FOR LICENSING OR ORDINATION

**ATTACH**  
**PHOTO**

All applicants should follow the instructions on the "FCFI Ministry Credentials." Form:

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Residence Address \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced  
\_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_

E-mail Address: \_\_\_\_\_

What is your current ministerial status? ( Exhorter, Licensed, or Ordained) - Circle One  
Date received \_\_\_\_\_

Name and address of Licensing or Ordaining ministry \_\_\_\_\_

### PLEASE ENCLOSE A COPY OF YOUR CURRENT MINISTERIAL CREDENTIALS.

Applying for: Licensing \_\_\_\_\_ Ordination \_\_\_\_\_

Are you born again and baptized in the Holy Spirit with the evidence of speaking in other tongues?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently in an official recognized ministerial position? \_\_\_\_\_

In what field of ministry are you presently engaged? (check one)

Pastor \_\_\_\_\_ Assistant or Associate Pastor \_\_\_\_\_ Missionary \_\_\_\_\_ Evangelist \_\_\_\_\_

Itinerant Teacher \_\_\_\_\_ Minister of Music \_\_\_\_\_ Minister of Youth \_\_\_\_\_ Minister of Children \_\_\_\_\_

Chaplain \_\_\_\_\_ Other (please state) \_\_\_\_\_

Are you currently functioning in that recognized ministerial capacity on a consistent and continuing basis? Yes \_\_\_\_\_ No \_\_\_\_\_

In an average month, how many times do you minister God's Word in public meetings or in church services? \_\_\_\_\_

**LICENSING / ORDINATION APPLICATION CONT.**

Is the ministry your sole means of income? Yes \_\_\_\_ No \_\_\_\_

What percentage of your income is generated by your ministry? \_\_\_\_%

On the average, how many hours per week do you work in your ministry? \_\_\_\_\_

Does your ministry position require you to :

Perform weddings? Yes \_\_\_ No \_\_\_ Baptize? Yes \_\_\_ No \_\_\_

Serve Communion? Yes \_\_\_ No \_\_\_

Give a brief history of your work for the Lord:

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What are your current responsibilities and functions in the ministry?

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What do you anticipate as being your work for the Lord in the future?

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Why do you want to be licensed or ordained?

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

**(Return this application to the FCFI Office)**

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**MINISTERS REFERENCE QUESTIONNAIRE**

Name of applicant:

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Last	First	Middle
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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 Reference Questionnaire, 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

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Not recommended\_\_\_

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.

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Name\_\_\_\_\_ Signature \_\_\_\_\_

Address\_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ Age 18-25\_\_ 26-35\_\_ 36-50\_\_ 51 & over\_\_

Ministry Name \_\_\_\_\_

Your Position \_\_\_\_\_

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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  
\_\_\_\_\_ recommend with reservation

\_\_\_\_\_ strong recommendation  
\_\_\_\_\_ cannot recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please return this form to the above address)



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  - m. He/she is able to work well with others at close range? \_\_\_\_\_
  - n. He/she is able to minister the Word of God effectively? \_\_\_\_\_
  - o. He/she is strictly honest and trustworthy? \_\_\_\_\_
  - p. He/she is able to manage his/her financial affairs with discretion? \_\_\_\_\_
  - q. He/she is faithful and loyal to his/her pastor and church? \_\_\_\_\_
  - r. He/she is willing to submit to authority? \_\_\_\_\_
  - s. He/she is filled with the Holy Ghost? \_\_\_\_\_
  - t. 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: \_\_\_\_\_

(Please return this form to the above address)