



Breaking Free, Inc.

Post Office 218 Davisboro, Ga. 31018 Phone: 478-348-3572 Fax: 478-348-5624

Application for Membership

I am making an application for membership and to receive the following credential: (Check one)

- Christian Worker— Those called in various fields as helpers.
- Commissioned Minister — Those with a definite call to ministry.
- Licensed Minister— Those with some ministry experience.
- Ordained Minister— Those with an established and proven ministry.

1. Name: _____

2. Social Security Number: _____ - _____ - _____

3. Driver's License Number: _____ State: _____

4. Street Address: _____

5. City: _____ State: _____ Zip: _____

6. Country (if other than US): _____

7. Phone: (hm) _____ (off) _____ (fax) _____

E-mail: _____

8. Nationality: _____ Citizenship: _____

9. Date of Birth: _____ Male Female

10. Marital Status: Married Single Widowed Separated Divorced Remarried

Wedding Anniversary Date (if applicable): _____

11. Name of Spouse: _____ Date of Birth: _____

12. Nationality: _____ Citizenship: _____

13. Number of children living with you: _____ Names of children: _____

14. When & why were you baptized? _____

Name of church: _____

Location: _____ Date of baptism: _____

15. What is the name and address of your home church? _____

16. Who is the senior pastor there? _____

17. What is the name, address, and phone number of the church you are currently attending (if different than stated above)? _____

18. How long have you been attending regularly there? _____

a) What is the name of the senior pastor who is most familiar with you and your ministry gifts?

b) Please circle the average Sunday morning attendance?

50 75 100 200 300 400 500 800 1,000 3,500 5,000 7,000 10,000

19. Do you presently serve on the staff of a local church? Yes No

20. If you presently serve on the staff of a local church, mark the appropriate codes for your primary areas of ministry. Prioritize them using numbers (1-10) to denote the area of highest responsibility, with #1 being the highest.

- | | | |
|--|---|--|
| <input type="checkbox"/> Pastor (PA) | <input type="checkbox"/> Minister of Music (MM) | <input type="checkbox"/> Licensed Psychologist (LP) |
| <input type="checkbox"/> Associate/Assistant Pastor (AP) | <input type="checkbox"/> Traveling Musical Ministry (TMM) | <input type="checkbox"/> Christian Therapist (CT) |
| <input type="checkbox"/> Youth Minister (YM) | <input type="checkbox"/> Visitation Minister (VM) | <input type="checkbox"/> Church Administrator (CA) |
| <input type="checkbox"/> Children's Minister (CM) | <input type="checkbox"/> Teacher (T) | <input type="checkbox"/> Church School Administrator (CSA) |
| <input type="checkbox"/> Children's Director (CD) | <input type="checkbox"/> Hospital Chaplain (HC) | <input type="checkbox"/> Social Worker (SW) |
| <input type="checkbox"/> Pastoral Counselor (PAC) | <input type="checkbox"/> Hospital Administrator (HA) | <input type="checkbox"/> Retreat/Camping Ministry (RCM) |
| <input type="checkbox"/> Evangelist (EV) | <input type="checkbox"/> Prison Chaplain (PRC) | <input type="checkbox"/> Para Church Organization (PCO) |
| <input type="checkbox"/> Director of Evangelism (DE) | <input type="checkbox"/> Prison Ministry (PM) | <input type="checkbox"/> Other Position (OP) _____ |

21. What is your spiritual calling?

Pastor Evangelist Teacher Missionary Other _____

Describe: _____

22. Describe the following on a separate piece of paper: your conversion experience, your call to ministry, and your church background.

23. How much time do you devote to your calling? 100% 75% 50% 25% Less

24. How are you financially supported? _____

25. Do you have another occupation? Yes No If so, what? _____

How many hours per week do you work there? _____ Phone: _____

26. Are you finances in good order? Yes No

27. Is your credit honorable to the name of Christ? Yes No (If yes, please explain on a separate piece of paper and attach it to this form.)

28. With what religious organization are you currently affiliated? _____

29. If previously licensed or ordained, check accordingly:
 Licensed: Month _____ Day _____ Year _____
 Ordained: Month _____ Day _____ Year _____

30. Have you considered the Statement of Faith and are you in agreement with it? Yes No

31. Have you considered our Code of Ministerial Ethics and Constructive Discipline Policy and do you agree to abide by them? Yes No

32. Do you have a criminal record or charges pending against you? Yes No
If yes, explain on a separate piece of paper each incident indicating whether or not the matter is resolved and under the blood of Christ and that restitution has been made where Biblically appropriate and possible. An additional fee may be charged to cover the cost of a criminal records check.

33. Do you agree to live a Biblically moral lifestyle; one worthy of the Christian ministry profession?
 Yes No

34. Do you understand and agree that should you voluntarily withdraw from the Fellowship, fail to renew your membership, or have your membership removed for just cause, you must return your Breaking Free, Inc. membership I.D. card and wall certificate to the Breaking Free, Inc. office within 30 days of membership expiration? Yes No

35. Have you read our requirements for General Membership and do you qualify for membership by these standards? Yes No

36. List any formal education you have received, including the names and location of any schools you attend for from which you have graduated: (Please forward transcripts from these institutions.)

A. High School: _____ Did you graduate? Yes No
Address: (City) _____ (State) _____ If no, how many years did you complete?

B. College: _____ Did you graduate? Yes No
Address: (City) _____ (State) _____ If no, how many years did you complete?
What degree did you earn? _____

C. Graduate School: _____ Did you graduate? Yes No Ad-
dress: (City) _____ (State) _____ If no, how many years did you complete?
What degree did you earn? _____

D. Seminary: _____ Did you graduate? Yes No
Address: (City) _____ (State) _____ If no, how many years did you complete?
What degree did you earn? _____

E. What correspondence courses have you complete? _____

F. What seminars/Workshops/Conferences have you attended? _____

37. List below the name, address, and phone number of five personal references who are acquainted with your ministry gifts and the history of your Christian service, including on line #1 your pastor or another pastor of an established congregation. Include area codes with your phone numbers. Additional references may include ministers, elders, and other religious leaders.

a) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____
Name of Church: _____
Address: _____
How do you know this person? _____

b) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____
How do you know this person? _____

c) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____
How do you know this person? _____

d) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____
How do you know this person? _____

Date: _____

Signature: _____

Biblical and Theological Profile

Applicants for Commission to Preach, Licensing and Ordination complete the following section.

Please answer the following, giving appropriate scriptural references. (Use additional pages as needed.)

1. Are modern day revelations, visions, and prophetic utterances EQUAL IN AUTHORITY with the Bible? Yes No
If one contradicts the other, which takes precedence? Prophetic utterance Bible

2. Select six of the following which declare the deity of the Lord Jesus Christ and check accordingly:

His virgin birth	His driving the money changers from the temple	His sinless life
His confounding lawyers at age 12	His substitutional work on the cross	His miracles
His bodily resurrection from the dead	The price of His betrayal	His exaltation to the right hand of God
His temptation in the wilderness		

3. Did the fall of man result from voluntary or involuntary transgression? _____

4. Define "spiritual death." _____

5. What are the conditions of salvation? _____

6. What is the inward evidence of salvation? _____

7. What is the outward evidence of salvation? _____

8. What are the elements of Holy communion and what is their meaning? _____

9. How do you baptize and what is the meaning of water baptism? _____

10. What is your understanding pertaining to the Baptism of the Holy Spirit according to Acts 2:4 and what is your experience pertaining to your understanding? _____

11. What is your understanding of sanctification? _____

12. Is sickness always the result of sin by the sick person? Yes No

13. Is healing provided for the atonement? _____

14. Define tithing. _____

15. Do you believe it is God's will that each of us tithe? _____

16. What is the "blessed hope" spoken of in Scripture? _____

17. What is your understanding of spiritual gifts and their relevance for the church today? _____

Print Name: _____

Signature: _____

Date: _____