

Global Apostolic Movement, Inc.

Ephesians 4:11-12

"And he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers;



For the perfecting of the saints, for the work of the ministry, for the edifying of the body of Christ."

Application

Thank you for your interest in connecting with the Global Apostolic Movement! Our mission is to impart, birth, train, teach, mentor and mobilize you to operate at your full potential. To help you build, execute order and aid in the necessary changes needed to establish your local church or organization and help lay a strong foundation that will stimulate growth. By submitting this application, you acknowledge that you have read and agree with the Beliefs and Tithing guideliness for this organization. You are also required to provide a letter of right standing from your previous ministry, a copy of your degrees or certifications, and three letters of recommendation (professional, personal, ministerial), on your behalf.

Tell Us About Yourself

First

Last

Street Address or PO Box

Address Line 2

City

State / Province / Region

Zip / Postal Code

Country

Email Address

Website

Home Phone

Cell Phone

Date of Birth

Place of Birth

Are you a U.S. Citizen? ☐ Yes ☐ No

Do you have a Disability? ☐ Yes ☐ No ☐ I prefer not to answer

Are you a Veteran? ☐ Yes ☐ No

If yes, please list:

Education Status? ☐ High School ☐ Some College ☐ College ☐ Biblical School

Name of Last Attended School

School City/State

Dates Attended/Start & End Date

Major/Course(s) Studied

Degree(s)

Did You Graduate? ☐ Yes ☐ No

Current Occupation

Current Employer

Tell Us About Your Family

Marital Status? ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If You Are Married, Please Answer the Following Questions:

Anniversary Date

Spouse's Name

Spouse's Date of Birth

Is your spouse in agreement with your desire to become apart of GAM? ☐ Yes ☐ No

Do you have any
children? ☐ Yes
 ☐ No

If so, how many children do you have?

What are their ages? (please separate ages with a comma)

Please list your emergency contact (someone other than yourself that we can contact in case of emergency):

Name

Phone

Tell Us About Your Church

Church Name

Church Address

Address Line 2

City

State

Zip / Postal Code

Country

Phone

How long have you been a member of this church?

Are you still a member of this church? ☐ Yes ☐ No

Please list the position(s) you have held at this church:

Tell Us About Your Ministry

How many years have you been in ministry?

What is your current ministry/calling position?

How many years have you been in this current position?

Have you received the Baptism of the Holy Spirit? ☐ Yes ☐ No

Have you been licensed / ordained? ☐ Licensed ☐ Ordained ☐ Licensed & Ordained ☐ Neither

If Licensed and Ordained , Please Answer the Following:

Date of Ordination or Licensure

Name of Church or Organization

Overseer's Name

Overseer's Title

Address

Address Line 2

City

State

Zip / Postal Code

Country

Did you leave your former church/ministry in good standing? ☐ Yes ☐ No

Have you ever been involved in other religions or denominations other than Christianity? ☐ Yes ☐ No

If so, please list below:

Tell Us About Your Spiritual Gifts, Skills, and Talents:

Tell Us About Your History

Have you ever been charged with any crime regarding sexual misconduct, battery, assault, statutory rape, or molestation?

☐

Yes

☐

No

Have you ever been accused, or investigated for sexual misconduct, battery, assault, statutory rape, or molestation?

☐

Yes

☐

No

Have you ever been moved, transferred, or dismissed from a church/ministry or employment because of sexual misconduct, battery, assault, statutory rape, or molestation?

☐

Yes

☐

No

If you answered yes to any of the above questions, please explain in the box below:

*The information that you provide will be kept confidential, and will be considered sensitive to those who are involved in the decision-making process.

I certify that the above and attached information is accurate and true to the best of my knowledge. I understand that falsification in any manner will bring immediate revocation and/or termination of my endorsement process. I further understand that if I am ever charged with, accused of, investigated for, moved because of, transferred to another position, or dismissed because of any Sexual, Criminal, or Ethical Misconduct, that I must immediately inform the Global Apostolic Movement of the incident(s) within 48 hours. I understand that failure to do so may result in immediate revocation of my endorsement.

☐

I attest that the information I have provided is accurate and true to the best of my knowledge.

Print Name

Date

Signature

Tell Us Why You Chose GAM

Please briefly explain why you desire to be apart of GAM:

Are you in agreement with GAM's foundational beliefs? ☐ Yes ☐ No

Were you referred to GAM? ☐ Yes ☐ No

If so, please complete the following:

Referrer's Name

Referrer's Phone

Referrer's Email

If you have any additional comments or information, please include them here:

References Information

Please provide references from those that have been apart of your ministerial journey, and can attest to your character.

Present Overseer/Pastor's Name

Phone

Email

Former Overseer/Pastor's Name

Phone

Email

Ordained Minister/Clergy's Name

Phone

Email

Ordained Minister/Clergy's Name

Phone

Email

Personal Reference's Name

Phone

Email

Personal Reference's Name

Phone

Email

☐

I hereby authorize the Global Apostolic Movement and its staff, and representatives to contact those that I have listed above as my references pertaining to my character.

Signature

Date

Statement of Agreement

Please read the following Statement of Agreement carefully. Upon signing and completing the application process, you are attesting that you read and will uphold and submit to the doctrinal statement and bylaws of the Global Apostolic Movement. If this statement is the commitment of your heart, please sign it and give the date at the bottom.

I am attesting by signing that the information contained in this application is correct to the best of my knowledge. I hereby authorize the Global Apostolic Movement and its staff to contact any reference, church, or employer listed on this application to obtain any information they may have regarding my character and fitness to work with children, minors, or adults. I release all such references from liability for any damage that may result from providing such evaluations, and I waive any right that I may have to inspect reference information provided on my behalf.

Furthermore, I authorize the Global Apostolic Movement and its staff to verify my criminal history. I understand that all information given and/or received will be held strictly confidential and will only be used for determining suitability for serving in the ministries of the Global Apostolic Movement. I understand that these measures are necessary for the protection of the children, youth, and adults of the Global Apostolic Movement.

Finally, should my application be accepted, I agree to be bound by the constitution, bylaws, and policies of the Global Apostolic Movement. I have read and understand all documentation that has been presented regarding the functioning, responsibilities, commitments, and vision of this ministry, and to the best of my ability and by the power of the Holy Spirit living in me, I will fulfill said commitments.

Applicant Signature

Date

For Office Use Only:

Confidential Background & Reference Check Authorization

I hereby authorize the Global Apostolic Movement, and its designated staff and representatives to conduct a comprehensive review of my background and references causing an investigative criminal and reference background report to be generated to complete my application into the GAM organization. The information contained in this application is correct to the best of my knowledge. I understand that the scope of the criminal background check may include but is not limited to the following areas: felony and misdemeanor criminal convictions, any pending criminal cases, history of incarceration as an adult, active warrants, and infractions. Character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to the Global Apostolic Movement or it's staff and representatives. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Global Apostolic Movement, the Social Security Administration, and its staff, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Print Name: (First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip Code)

Previous Address From: (Mo/Yr) (Street) (City) (State/Zip Code)

Previous Address From: (Mo/Yr) (Street) (City) (State/Zip Code)

Social Security Number: ---- ----

Date of Birth

Phone

Drivers License Number/State

Signature