



Elim Fellowship Credential Status Change Form



Application for Change in Ministerial Credentials

A. Personal Information

Name _____
Last First Middle Maiden Name

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Home Phone: _____ Office Phone: _____ Fax: _____

E-mail address: _____

Age: _____ Date of Birth: _____ Male Female Place of Birth: _____

Citizenship: _____

Marital Status: _____

Has there been any change since your original application? _____ (If so, attach a sheet explaining)

B. Credential Status

Current Elim Fellowship Credential Status: _____

Desired Elim Fellowship Credential Status: _____

Present activities or other reasons which warrant change of status:

C. Christian Experience

Have you received the Baptism in the Holy Spirit? _____ Yes _____ No If yes, when? _____

Do you speak in other tongues? _____ Yes _____ No If yes, how frequently? _____

D. Personal References (For Christian Workers only)

Christian Worker Applicants for a License to Minister or Ordination must submit at least five (5) references in addition to the interview with the Area Representative. The references should include the applicant's current ministry supervisor and four others. If the applicant is a pastor, another pastor or church leader who knows you well is to be used as "current pastor." If possible, at least one of your references should be an Elim Fellowship credential holder.

We will send reference forms to each of your references to be returned directly to us.

Ministry Supervisor: Name _____ Phone: _____
Email: _____
Street _____ City _____ State _____ Zip _____

Other Name: _____ Phone: _____
Email: _____
Street _____ City _____ State _____ Zip _____

Other Name _____ Phone: _____
Email: _____
Street _____ City _____ State _____ Zip _____

Other Name _____ Phone: _____
Email: _____
Street _____ City _____ State _____ Zip _____

Other Name _____ Phone: _____
Email: _____
Street _____ City _____ State _____ Zip _____

D. Verification

- Yes No **AUTHORIZATION:** I authorize Elim Fellowship to contact any person or employer listed on this application or referenced in the interview process to confirm information supplied by me and or to obtain information about my suitability for ministry. I also authorize all listed persons and employers to release any such information and release them from any and all liability for providing that information.
- Yes No **WAIVER:** I hereby authorize Elim Fellowship to make any investigation of my personal history, credit record and criminal records through any investigative or credit agencies or bureaus of their choice.
- Yes No **NOTICE:** Elim Fellowship only grants status changes to those who are members in Good Standing. Being a member in Good Standing requires that credential holders maintain their current credentials, are committed to the mission statement, still adhere to Elim Fellowship's Statement of Faith, continue to support the Core Values, attend area meetings when possible, give their 5% for the C.H.A., and are not under discipline. Do you meet these seven qualifications?

Applicant Signature: _____



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