

# ICOF Ministry Credentials Form

To apply for membership please complete all questions.

**Title**

**Name**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal / Zip Code

\_\_\_\_\_  
Country

**E-mail**

\_\_\_\_\_

**Date of Birth**

**Home Number**

**Cell Number**

\_\_\_\_\_

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

**Website**

\_\_\_\_\_

**Marital Status**

**Name of Spouse**

**Number of  
Children#**

**Approximate Dates of Conversion**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_

\_\_\_\_\_

**Water Baptism**

Yes

No

**Spirit Baptism**

Yes

No

**Describe call to Ministry:**

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**Current Church attending if not in Full-Time Ministry**

**Pastor's Name**

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First Name

Last Name

**Pastor's Address**

**Pastor's Phone**

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Street Address

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Area Code

---

Phone Number

---

Street Address Line 2

**Pastor's Email**

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City

State / Province

---

Postal / Zip Code

Country

**Describe Your Current Ministry**

**Describe Your Ministry Vision**

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## **Educational Background**

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**School Attended**

**Location**

**Years Attended**

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**Degree**

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**Briefly describe any other major encounters with God (healings/visions/personal dealings):**

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Please enclose a current picture and three letters of recommendation from Christian leaders / pastors who know you and your ministry. Also enclose a typed personal testimony and statement of basic doctrinal beliefs: salvation, baptism, Holy Spirit's role in the believer's life, etc.

**Leadership Credentials-  
Licensed Minister**

Bishop  
Overseer  
Leadership Council

**Ordained Minister  
Credentials**

Apostle  
Prophet  
Teacher  
Pastor  
Evangelist

**Associate Minister  
Credentials**

Licensed Christian Worker  
Helps Ministry  
Intercessor  
Music Ministry  
Christian Education

**Signature**

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**Signature Date**

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