



APPLICATION FORM INTERNATIONAL RECOGNITION OF CREDENTIALS

Revised August 3, 2010

Applicants should complete and sign the enclosed form and send to Covenant Ministries International, Inc., (CMI) along with a \$75.00 application fee and photo. Please make check payable to Covenant Ministries International, Inc. and sent to:

Covenant Ministries International

2707 Main Street

Sayreville, New Jersey 08872

WWW.COVENANTMINISTRIESINTL.ORG

Have three (3) recognized ordained ministers mail reference forms to CMI. One of the forms should be your Pastor. Please have these ministers send reference forms directly to Covenant Ministries International at the above address.

2707 Main Street, Sayreville, New Jersey 08872
732-727-9500 Ext. 2229 Fax: 732-727-3285



Covenant Ministries International, Inc.
Criteria for Credentials

DEFINITIONS

The ministry is defined as specific areas of service resulting from the divine call upon an individual's life, which is recognized by the Body of Christ and confirmed by those in spiritual leadership, to perform the work unto which he or she has been called, including the performance of most or all sacerdotal duties as required by the Internal Revenue Service. This organization affirms the biblical provisions for the 5-fold ministry gifts according to Ephesians 4:11, i.e. Apostles, Prophets, Evangelists, Pastors and Teachers, and also recognizes the provision of 1 Corinthians 12:28, i.e. governments and helps which includes music ministry, Sunday school, children's church, etc.

Covenant Ministries International, Inc affirms the biblical requisites stated in 1 Timothy 3:1-7 and Titus 1:7-9 for the ministry sets them forth as the optimal standard for those credentialed with Covenant Ministries International, Inc

BIBLICAL PRINCIPLES

In view of the principle of the sovereignty of the Local Church, Ordination and Licensing should be the responsibility of the home church of any minister desiring credentials. This builds upon the scriptural instructions of knowing those who labor among you (1 Thessalonians 5:12), and personal identity with the one who is ordained (1 Timothy 5:22). See also 2 Corinthians 8:16-24.

The only way a person can be truly known is for the person to have direct relationship with those who are setting him into the ministry. This is the very best guard against placing a novice into office, or ordaining someone who has no commitment in the local church.

We are held responsible for the sins of these ones if we are too hasty, or are careless in checking the qualifications of those whom we ordain. The best way, then, to see that this does not happen is to allow ordination to be the responsibility of the each local church, to ordain, license and credential those whom they know to be qualified and faithful. If their local church is not interested in ordaining them, then we should not be either.

Pastors must take seriously their responsibilities in commissioning others into the work of the ministry. Consider the following verses:

1. Matthew 9:36—38
2. 1 Timothy 3:1—13
3. 2 Timothy 2:1—2
4. Titus 1:5—11

CMI PRINCIPLES

The CMI principles are Integrity, Balance, Equality Among Members, Continual Growth and Learning, Servant Leadership, and Prophetic Relevancy. All CMI members should live exemplary lives according to biblical principles.

PROCEDURES

Those who are ordained, licensed and credentialed would then register by application their credentials with CMI as a referencing and supportive body. Upon qualifying, CMI would then issue an International Recognition of their credentials, namely. Ordination, Licensed Minister or Christian Worker.

All CMI credentials are subject to an annual review. All members are required, upon annual renewal, to submit a statement of their ministerial activities for the past year. All applications and renewals are subject to review and upon the discretion of the Director of Covenant Ministries International will be accepted or denied (with explanation).

ADDITIONAL INFORMATION

All above references to the masculine gender is done so in a generic sense to include both male and female. Furthermore, no candidate for credentials shall be considered or rejected based on race, color, sex or nationality. Moreover, no one is expected to strive for a credential, nor will he be approved for a credential beyond the calling of ministry. However, credentials are subject to annual renewal. Credential can be revoked for reasons of unethical behavior, disagreement with biblical teaching as demonstrated in CMI's bylaws.

APPLICATION DONATION

Each applicant must submit a \$75.00 application fee, and also pay \$75.00 renewal fee every subsequent year in January.

CREDENTIAL REQUIREMENTS/CREDENTIAL TYPES

CMI Members must be active in the role for which they have been given credentials. All Covenant Ministries International credentials are reviewed annually. Members must submit a **renewal application** every year and must submit a **Statement of Ministerial Work/Continued Growth & Learning** explaining your ministerial activities for the year.

Lapses in renewal will automatically be placed under an **INACTIVE STATUS** after a grace period of 3 months. Inactive Status will remain in affect up to 3 years after which your CMI membership will be removed from our database.

The following are the types of credentials offered through CMI:

Christian Worker

Must be actively involved in Christian ministry throughout the year. Volunteering in a church, evangelistic, or missionary capacity. **Faith Fellowship Ministries World Outreach Center** members must be approved by Pastor Demola and Rev. David Ramos.

Licensed Minister

Must be actively involved in Christian Ministry throughout the year. Must have graduated from an recognized bible school (**Must submit official school transcripts for review**). **Faith Fellowship Ministries World Outreach Center** members must be approved by Pastor Demola and Rev. David Ramos.

Ordained Minister

Must be actively involved in Christian ministry throughout the year. Must be a Pastor or International Evangelist. **Faith Fellowship Ministries World Outreach Center** members must be approved by Pastor Demola and Rev. David Ramos.

CMI Application Checklist

NO APPLICATIONS CAN BE PROCESSED UNLESS WE RECEIVE ALL REQUIRED DOCUMENTS. PLEASE FOLLOW THE CHECKLIST BELOW.

- Complete Application (pages 6– 9) with \$75 administrative application fee.
 - Complete Applicant Reference Information (page 10).
 - Submit application, fee, and photo to CMI office via e-mail, regular mail or fax.
 - Contact all of the referencing persons (from Page 10) and give one of the reference forms on pages 12 – 20. They should mail, fax, or e-mail the reference forms to the CMI office. One reference form is 3 pages long.
 - Where applicable, submit your Biblical Training School transcripts to CMI with application.
 - Follow-up with pastors and ministers to ensure that references have been submitted to CMI and confirm the delivery to CMI.
 - Check signatures where required.
 - **Keep Pages 1 through 5 for your records** as some information therein pertains to your membership requirements.
-

For office use only

Date Rec'd _____

Fee Rec'd _____

Method of Payment

___ Check ___ Cash ___ Credit Card

___ Western Union ___ Money Order

___ Other

References Rec'd _____

Notified if interview is scheduled: _____

Date Interviewed _____

Credentials Granted CW ___ LM ___ OM ___

Credential Committee Chairman Signature**APPLICATION FOR
INTERNATIONAL
RECOGNITION
OF CREDENTIALS**PERSONAL PHOTO
Digital Image may be
e-mailed to
CMI@FFMWOC.org

Date of application ____/____/____

Language Preference for correspondence and media mailings:

___ English ___ Spanish

Credential level requested:

Christian Worker Licensed Minister Ordained Minister **PART 1—PERSONAL INFORMATION** : Please print clearly or type**Gender:** Male Female

1. Name of Applicant _____

Last

First

M.I.

2. Address _____

3. City _____ State _____ Zip _____

4. COUNTRY _____

5. Phone () _____ () _____ () _____
Home Business/Church Fax E-Mail

6. Age _____ Date of Birth ____/____/____ Place of Birth _____

7. Personal e-mail _____ Church e-mail _____ Website _____

PART 2 FAMILY INFORMATION8. Marital status Single _____ Married _____ Date Married _____
Widow/Widower _____ Divorced _____ Date Divorced _____ Separated _____

Explain:

9. Name of Spouse _____ Date of Birth _____

10. Number of Children _____ List Name, Age and Date of Birth:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

4. _____

Part 3—HEALTH INFORMATION

11. How would you describe your health? Excellent ___ Good ___ Fair ___ Poor ___

12. List matters applicable:

- a. Chronic ailment: _____
- b. Physical disabilities: _____
- c. Present or past serious illness: _____

Part 4—CHRISTIAN EXPERIENCE

13. Year and place of salvation _____

14. Have you received the Baptism of the Holy Spirit with the evidence of speaking in tongues? Yes ___ No ___ What year? _____

15. Church you most regularly attend or where you minister :

Name _____

Address _____

City _____ State _____ Zip Code _____

Pastor _____ Phone () _____

If not CMI affiliated, state affiliation of church/organization _____

16. Present ministry (check one)

Pastor ___ Evangelist ___ Missionary ___ Teacher ___

Helps ___ Administration ___ Music ___ Christian Worker ___

Other (explain) _____

17. Length of time engaged in ministry _____

18. Present credential level (check one)

Christian Worker ___ Licensed Minister ___ Ordained Minister ___

Other (explain) _____

a. Name of credentialing denomination, fellowship/organization/church

b. Address, if other than CMI _____

c. Are they tax exempt under the provision of the IRS code 501(C)(3)?

Yes ___ No ___

d. Have your credentials ever been revoked? ___

If so, please state reason for such action _____

Summarize your activities in the Gospel work:

a. Present: _____

b. Past _____

19. What special gifts, or ministry do you feel you possess? _____

PART 5—EDUCATIONAL INFORMATION

20. Name of School and Year (s) completed

a. Are you a FITS (Faith International Training School Graduate)?

YES No Currently Enrolled

If Yes or Currently Enrolled, which FITS Program?

FITS Full-time 6-month program FITS Part-time program S.O.M

b. High school _____ # of years _____

c. Bible school _____ # of years _____

d. Bachelor _____ # of years _____

e. Seminary _____ # of years _____

f. Master _____ # of years _____

g. Doctorate _____ # of years _____

21. List all academic awards, degrees, or special recognition honors you have received:

22. Languages spoken (other than English)

PART 6—FINANCIAL & EMPLOYMENT INFORMATION

23. If presently engaged in secular employment, what is your occupation?

a. Place of employment _____

b. Address _____

c. City _____ State _____ Zip code _____

d. Phone () _____ Ext. _____

e. How long? _____ Full time _____ Part-Time _____

24. Have you ever or are you presently having financial difficulties? Yes ___ No ___

If yes explain _____

25. Have you ever filed bankruptcy? Yes ___ No ___ Explain _____

26. Are you a veteran of the U.S. Military Service? Yes ___ No ___

If yes, what branch _____ Years served: From _____ To _____

PART VII-PERSONAL COMMITMENT

27. Are you willing to submit to the Scriptural counsel of those who are over you in the Lord? Yes____ No____

28. Are you willing to faithfully contribute financially to support Covenant Ministries International to the best of your ability? Yes____ No____

29. Are you willing to abide by the decisions of the General Council of Covenant Ministries International, Inc.? Yes____ No____

30. Are you willing to attend the International Pastors and Ministers Conference to the best of your ability? Yes____ No____

31. Are you presently engaged in a program of continued education/development of your ministry? No____ Yes____ If yes explain_____

32. Summarize your study habits, prayer and devotional life

PART VIII-PERSONAL HABITS

33. Are you chemically dependent such as with alcohol, tobacco, drug, etc.? No____ Yes____ If yes, explain _____

I certify that I have answered the above questions to the best of my knowledge, and I hereby apply for the International Recognition of the credential level requested.

Signature of Applicant

Date

Furthermore, I hereby grant permission to the Officials of CMI to circulate my application and any other related data with it, as part of a packet of information about me, to all responsible persons who will be reviewing the guidelines and data which is required in the granting of International Recognition credential.

Signature of Applicant

Date

I further certify that I have properly filed, each year, my Income Tax Forms with the Internal Revenue Service and paid all taxes due.

Signature of Applicant

Date

Applicant's Reference Information

Covenant Ministries International, Inc. 2707 Main Street, Sayreville NJ 08872

Phone: 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org

I hereby waive my rights to review the recommendation forms to
Covenant Ministries International, Inc.

Yes

No

Below please provide the names, addresses, and phone numbers of the persons who will be your references. You must use a person who is currently ordained or licensed as your reference. Your Pastor must be one of the two references (*except for Faith Fellowship Ministries World Outreach Center members. Faith Fellowship members should have any other minister as a reference*). You must contact the ministers below, give them one of the reference forms on pages 12-20 and have them send the reference to our office by fax, regular mail, or e-mail to the address above.

1

Reference Pastor's name: _____

Address _____ City _____

State _____ Zip Code _____ Phone (Home) _____ (Office) _____

Name of church _____

How long have you known this minister? _____

In what capacity do you know this minister?

2

Reference Minister's name: _____

Address _____ City _____

State _____ Zip Code _____ Phone (Home) _____ (Office) _____

How long have you known this minister? _____

In what capacity do you know this minister?

#3

Reference Minister's name: _____

Address _____ City _____

State _____ Zip Code _____ Phone (Home) _____ (Office) _____

How long have you known this minister? _____

In what capacity do you know this minister?

Reference Form Instructions

1. FFMWOC Members MUST NOT use Pastor David T. Demola as a reference you must use a Staff minister.
2. Please give one form to each referencing person you have listed on Page 9. Please note that a reference form is three (3) pages long.
3. Your reference must mail, e-mail or fax the completed Reference form to

**Covenant Ministries International
2707 Main Street
Sayreville, New Jersey 08872
Fax: 732-727-3285
CMI@FFMWOC.org
Phone: 732-727-9500**

Covenant Ministries International, Inc.
Recommendation Form for Ministerial Credentials

Name of Applicant

Date

Level of Credential Applied for:

- Christian Worker Licensed Minister Ordained Minister

Applicant has:

- Waived his right to review recommendation form
 Has NOT waived his right to review recommendation form

Signature of Applicant

Date

Person providing the recommendation

Date

Address

City

State

Zip Code

Work number

Home number

Mobile number

E-mail address _____

How long have you known the applicant? _____

In what capacity? _____

What is your relationship to the applicant?

- Friend Relative Pastor Colleague Acquaintance

 Other

Do you feel you know the applicant well enough to evaluate his/her eligibility for ordination?

In your opinion, do you feel the applicant is called to be a minister?

- Yes No Do not know

Comments or Concerns

To your knowledge has the applicant made a meaningful personal commitment with Jesus Christ?

- Yes No I don't know

In your estimation what are the applicant's strengths?

In your estimation what does the applicant need to improve?

Please check all the characteristic that apply to the applicant:

- Patient Hard working Kind hearted Offensive Passionate
 Rude Competitive Good listener Spiritual Loving
 Tactful Indiscreet Impulsive Gentle Anointed

Please rate the applicant in the following areas:

| | Excellent | Above Average | Average | Below Average | Have Not Observed |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Initiative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cooperativeness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Appearance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moral Character | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional Stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there any reason that you would not recommend this applicant for ministerial credentials?

Does the applicant have any personality, mental health, or moral issue that would impair him from ministry?

- Yes No I do not know

Please share with us any information about the applicant that would help us in our evaluation. The information could cover recent or past experiences in the applicant's life. Please use the back of this sheet to fill out your answer.

- I recommend the above mentioned applicant for the aforementioned CMI credential.
- I recommend the above mentioned applicant for the aforementioned CMI credential with RESERVATION (Please explain).

I DO NOT recommend the above mentioned applicant for the aforementioned CMI credential.

Signature _____ Date _____

Mail/Fax/E-mail this form to:
Covenant Ministries International 2707 Main Street Sayreville, New Jersey 08872
Phone 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org

Covenant Ministries International, Inc.
Recommendation Form for Ministerial Credentials

Name of Applicant

Date

Level of Credential Applied for:

- Christian Worker Licensed Minister Ordained Minister

Applicant has:

- Waived his right to review recommendation form
 Has NOT waived his right to review recommendation form

Signature of Applicant

Date

Person providing the recommendation

Date

Address

City

State

Zip Code

Work number

Home number

Mobile number

E-mail address _____

How long have you known the applicant? _____

In what capacity? _____

What is your relationship to the applicant?

- Friend Relative Pastor Colleague Acquaintance

 Other

Do you feel you know the applicant well enough to evaluate his/her eligibility for ordination?

In your opinion, do you feel the applicant is called to be a minister?

- Yes No Do not know

Comments or Concerns

To your knowledge has the applicant made a meaningful personal commitment with Jesus Christ?

- Yes No I don't know

In your estimation what are the applicant's strengths?

In your estimation what does the applicant need to improve?

Please check all the characteristic that apply to the applicant:

- Patient Hard working Kind hearted Offensive Passionate
 Rude Competitive Good listener Spiritual Loving
 Tactful Indiscreet Impulsive Gentle Anointed

Please rate the applicant in the following areas:

| | Excellent | Above Average | Average | Below Average | Have Not Observed |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Initiative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cooperativeness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Appearance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moral Character | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional Stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there any reason that you would not recommend this applicant for ministerial credentials?

Does the applicant have any personality, mental health, or moral issue that would impair him from ministry?

- Yes No I do not know

Please share with us any information about the applicant that would help us in our evaluation. The information could cover recent or past experiences in the applicant's life. Please use the back of this sheet to fill out your answer.

- I recommend the above mentioned applicant for the aforementioned CMI credential.
- I recommend the above mentioned applicant for the aforementioned CMI credential with RESERVATION (Please explain).

I DO NOT recommend the above mentioned applicant for the aforementioned CMI credential.

Signature _____ Date _____

Mail/Fax/E-mail this form to:
Covenant Ministries International 2707 Main Street Sayreville, New Jersey 08872
Phone 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org

Covenant Ministries International, Inc.
Recommendation Form for Ministerial Credentials

Name of Applicant

Date

Level of Credential Applied for:

- Christian Worker Licensed Minister Ordained Minister

Applicant has:

- Waived his right to review recommendation form
 Has NOT waived his right to review recommendation form

Signature of Applicant

Date

Person providing the recommendation

Date

Address

City

State

Zip Code

Work number

Home number

Mobile number

E-mail address _____

How long have you known the applicant? _____

In what capacity? _____

What is your relationship to the applicant?

- Friend Relative Pastor Colleague Acquaintance

 Other

Do you feel you know the applicant well enough to evaluate his/her eligibility for ordination?

In your opinion, do you feel the applicant is called to be a minister?

- Yes No Do not know

Comments or Concerns

To your knowledge has the applicant made a meaningful personal commitment with Jesus Christ?

- Yes No I don't know

In your estimation what are the applicant's strengths?

In your estimation what does the applicant need to improve?

Please check all the characteristic (s) that apply to the applicant:

- Patient Hard working Kind hearted Offensive Passionate
 Rude Competitive Good listener Spiritual Loving
 Tactful Indiscreet Impulsive Gentle Anointed

Please rate the applicant in the following areas:

| | Excellent | Above Average | Average | Below Average | Have Not Observed |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Initiative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cooperativeness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Appearance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moral Character | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional Stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there any reason that you would not recommend this applicant for ministerial credentials?

Does the applicant have any personality, mental health, or moral issue that would impair him from ministry?

- Yes No I do not know

Please share with us any information about the applicant that would help us in our evaluation. The information could cover recent or past experiences in the applicant's life. Please use the back of this sheet to fill out your answer.

- I recommend the above mentioned applicant for the aforementioned CMI credential.
- I recommend the above mentioned applicant for the aforementioned CMI credential with RESERVATION (Please explain).

I DO NOT recommend the above mentioned applicant for the aforementioned CMI credential.

Signature _____ Date _____

Mail/Fax/E-mail this form to:
 Covenant Ministries International 2707 Main Street Sayreville, New Jersey 08872
 Phone 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org