



## THE RIVER CREDENTIALING APPLICATION

\*A \$125.00 fee must accompany your application. *One application per individual*

APPLICANT'S NAME: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ work(\_\_\_\_) \_\_\_\_ - \_\_\_\_ cell(\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL: \_\_\_\_\_

### **PERSONAL**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed (When \_\_\_\_\_) (If separated or divorced, please attach explanation)

Name of Spouse (if married): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Is your spouse in agreement with your ministry? \_\_\_Yes \_\_\_No

Number of Children: \_\_\_\_\_

Names of Children: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Years: \_\_\_\_\_ Diploma? \_\_\_\_\_

College: \_\_\_\_\_ Years: \_\_\_\_\_ Diploma? \_\_\_\_\_

Bible College: \_\_\_\_\_ Years: \_\_\_\_\_ Diploma? \_\_\_\_\_

Other: \_\_\_\_\_ Years: \_\_\_\_\_ Diploma? \_\_\_\_\_

**FAMILY**

Briefly describe your relationship with family listed below:

Spouse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child (name \_\_\_\_\_): \_\_\_\_\_

\_\_\_\_\_

Child (name \_\_\_\_\_): \_\_\_\_\_

\_\_\_\_\_

Your family life (all those living in your household): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your spouse's parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title/function: \_\_\_\_\_

### **FINANCIAL**

Are your bills current? \_\_\_\_ Yes \_\_\_\_ No

(If no, please attach brief explanation)

Have you ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please attach brief explanation)

Are you regularly giving tithes and offerings to your home church? \_\_\_\_ Yes \_\_\_\_ No (If

no, please attach brief explanation)

**CHURCH LIFE**

What church are you currently attending? \_\_\_\_\_

Do you attend church regularly? \_\_\_Yes \_\_\_No

How long? \_\_\_\_\_ Are you a member? \_\_\_Yes \_\_\_No

Pastor's Name: \_\_\_\_\_

Phone: office (\_\_\_\_)\_\_\_\_-\_\_\_\_ cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Who is your mentor currently? \_\_\_\_\_

**SPIRITUAL**

When were you converted to Christ? \_\_\_\_\_

Have you been immersed in Water Baptism? \_\_\_Yes \_\_\_No

Have you been baptized in the Holy Spirit? \_\_\_Yes \_\_\_No

If no, are you seeking it? \_\_\_Yes \_\_\_No

State any Christian service you have done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your ministry focus/passion: \_\_\_\_\_

\_\_\_\_\_

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Please state your strengths: \_\_\_\_\_

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Please state your weaknesses: \_\_\_\_\_

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**HISTORY**

*Answering YES to the following questions will not automatically disqualify the applicant from acceptance.*

Are you currently dealing with, or have you dealt with addictive behavior?  Yes  No

*If yes, please attach brief explanation:*

Have you ever been involved in Homosexuality or Lesbianism?  Yes  No

*If yes, how long since last involved?*

Have you ever been involved in pornography?  Yes  No

*If yes, how long since last involved?*

Have you ever been involved in an intimate relationship outside of marriage?  Yes  No

*If yes, please attach brief explanation:*

Have you ever been arrested?  Yes  No If yes, when?

*If yes, please attach brief explanation*

Were you convicted?  Yes  No  N/A

*If yes, when and where?* \_\_\_\_\_

*If yes, please attach brief explanation:*

Have you ever been involved in the occult, witchcraft, or cults? \_\_\_ Yes \_\_\_ No

*If yes, please attach brief explanation:*

Agreement: I verify that the information on this application is true and correct. I hereby certify that I have read ***“The River, A Gathering Place”*** Packet including Statement of Purpose, Basic Requirements, Statement of Faith, Levels of Credentialing and Related Requirements, and accept them, and agree to abide by them while credentialed with The River.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The River Board reserves the right to require the withdrawal of any member who is considered to be out of harmony with the spirit of this fellowship.

PLEASE LIST THREE REFERENCES – including one from your Senior Pastor. Also, one of the people listed must be connected to or licensed with The River or Global Legacy. You can request each of them to go to our website and complete the recommendation form. You can also download the Referral Form from our website and hand it to them; this will speed up the process. If you are a Senior Pastor, please include a reference from one of your peers.

**REFERRAL #1 NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**BUSINESS:** \_\_\_\_\_

**REFERRAL #2 NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

**REFERRAL #3 NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

\*Please attach a small photo of yourself.

\*Don't forget to attach explanations to any questions that require additional comments

**\*Ministry History and Description Form**

In a typed, double-spaced statement not to exceed 500 words, write a description of the ministry/ministries in which you are currently involved. Include significant activities, the level of your responsibility, and results of activities stated.

Of particular interest, is the history of the past twelve months. Please include information on a type of ministry/ministries, location or venues in which the ministry took place, primary focus of your ministry, and any partnerships in which you have been involved. Also, include whose supervision or direction you were under while participating in this ministry. Please add any other information that you deem significant or necessary to this credentialing application.