

SOUND OF ABUNDANT RAIN

REQUEST FOR CREDENTIALS

Full Name: _____

Date of application: _____ DL# _____ SS# _____

Address: _____

Birthdate: _____

Birthplace: _____

Phone: _____

Sex _____

Photo: _____

Education level: _____

1. Credentials sought: (circle one)

Special Worker (\$25)

License (\$40)

Ordination (\$50)

[Payment for license to be paid day of ordination]

2. Name of spouse: _____

Number of Children: _____

3. Name of Church you presently attend: _____

4. Years of attendance: Your duties there: _____

5. Pastors name and phone: _____

6. Where did you hear about SOAR: _____

7. Have you been saved? ___ When? ___ Baptized in water? ___ When? ___

Baptized in the Holy Ghost? ___ When? ___

8. Are you currently living a Holy life that others can learn from according to Biblical standards? yes ___ no ___

Do you have any addictive habits? yes ___ no ___

9. How many, if any, of the nine gifts of the spirit are operational in your life? ___ Explain: _____

10. Do you believe in and preach the doctrine of the Trinity (Father, Son, and Holy Ghost)? yes___ no___

11. Why do you seek credentials with Sound of Abundant Rain? Where and how will you use them? _____

12. Do you tolerate racial discrimination or any other form of discrimination? yes___ no___ Explain.

Answer questions 13-17 only if applying for preaching credentials (Ordination, License)

13. Where when and how were you called to preach? _____

14. How often have you preached in the last 12 months? _____

Are you a Pastor, Evangelist, Missionary, other? Circle one.

15. How often do you minister in:

Jails:___ Nursing Homes:___ Street services:___ Youth services / camps:_____

Revivals:_____ Camp meetings: _____

16. Name of any Church Organizations with which you hold, or have held credentials. _____

17. Status of any credentials with another church organization (circle one)

Current Revoked Lapsed Suspended

All applicants answer the following and sign.

18. What Civic Organizations (membership or offices) are you a member of?

I _____ (Print name) agree to surrender my credentials to the board of directors, if I am not fulfilling the call of the Spirit on my life according to the Word.

19. Have you ever been arrested?_____ Or convicted of a crime?_____

If "Yes" to either please explain in more detail. (use back if needed

20. Sign here to give permission for background check._____

21. List three references (other than relatives) that have known you for at least three years. Also list your employer with name, Complete Mailing Address and phone number.

1). Name_____

Mailing Address_____

Phone Number (_____)_____

2). Name_____

Mailing Address_____

Phone Number (_____)_____

3). Name_____

Mailing Address_____

Phone Number (_____)_____

Name of your Supervisor at work :_____

Name of business_____ Phone Number (_____)_____

Mailing Address_____

Please *include the \$10.00 non-refundable fee* to cover the administration cost to be mailed in with the application, with recent photo and mail to:

**Sound of Abundant Rain
C/O The Olive Branch Christian Fellowship
P.O. Box 5690
Waco, TX 76708**