

# Summit Bible College Minister's Fellowship Application

2525 M. St. Bakersfield, Ca, 93301 661-328-1151

App Recd: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Mem # \_\_\_\_\_

Summit licenses' students attending the college or graduates', and on rare occasions, those with a relationship with the college.

Email: [info@summitbiblecollege.com](mailto:info@summitbiblecollege.com) Website: [www.summitbiblecollege.com](http://www.summitbiblecollege.com)

Please Print Legibly or Type **Important:** Please Attach Recent Photo of Yourself

First time Application Fee: \$50 (Non-refundable--This does not count towards your yearly dues.)

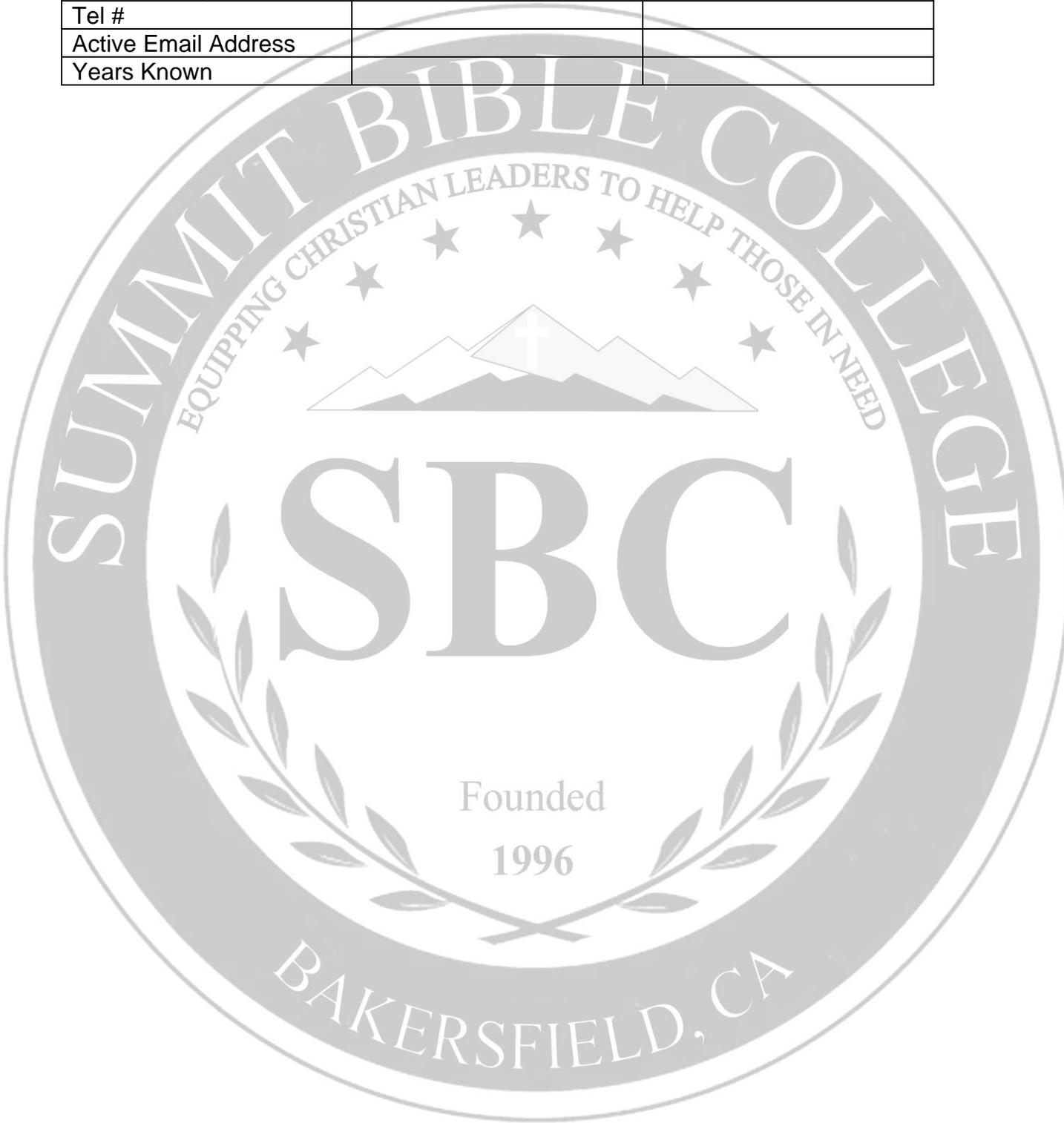
Application for (check One): <input type="checkbox"/> Ministerial License <input type="checkbox"/> Ordination			
<b>Personal History</b>			
Complete Name		Spouse Full Birth Name	
Address		SS#	
City	State	Zip	Country
Home Phone ( ) -	Wk Phone ( ) -	Cell Phone ( ) -	
Email Address			
Years Married:	Is this your first marriage?	Her first marriage?	
Name & ages of children:			
Have you or your partner ever been divorced? (This will not necessarily exclude you.)			
If so, please explain:		Birth Date:	
<b>Spiritual History</b>			
Date Born Again:		Date Baptized in Water:	
Location:		Presiding Minister:	
Contact information for Minister:			
<b>Educational History</b>			
Name of Institution	Address	Dates Attended	Diploma/Degree
<b>Home Church Information</b>			
Church Name		Sr. Pastor's Name	
Address			
City	State	Zip	
Phone ( ) -			
Are You a Member of This Church <input type="checkbox"/> Yes <input type="checkbox"/> No			
How Long Have You Been A Member Of This Church			
Are You A Paid Staff Member Of This Church <input type="checkbox"/> Yes <input type="checkbox"/> No			
What Ministry Service (If any) Do You Provide To This Church			
Do You Tithe 10% To This Church			

Ministry Information			
Are you now in ministry? <input type="checkbox"/> Yes <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No			
Do you consider yourself a fivefold minister? <input type="checkbox"/> Yes <input type="checkbox"/> No – If no what is your ministry function?			
If yes, what office? <input type="checkbox"/> Apostle <input type="checkbox"/> Prophet <input type="checkbox"/> Pastor <input type="checkbox"/> Teacher <input type="checkbox"/> Evangelist			
What are your spiritual gift/s?			
Briefly describe what you feel your primary ministry is?			
When did you first sense a call to the ministry?			
How long have you been functioning in ministry?			
Do you presently, or have you ever held ministry credentials of any level with any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please give the information for three of the last organizations you have held credentials with.			
Information	Organization 1	Organization 2	Organization 3
Name			
Address			
City/State/Zip			
Phone Number			
Dates of membership			
Type of Credential			
Have your credentials ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes When?			
If Yes, please briefly describe the reason and the final disposition of the matter?			

**References**

All applicants must supply two references by other ministers who have known the applicant for at least one year. Applicants for a ministerial license must be sponsored by their senior pastor or one ordained minister who has known the applicant for at least one year and personally attests to the validity of his or her ministry and character. Applicants for ordination must be sponsored by two other ordained ministers who have known the applicant for at least one year and personally attest to the validity of his or her ministry and character. Sponsoring minister(s) are References 1 and 2 (if applicable). Please provide the all of the information for each reference.

Sponsorship References		
	Reference	Reference 2
Name		
Address		
City/State/Zip		
Tel #		
Active Email Address		
Years Known		



**Summit Worship Center and Bible College -- Moral Questionnaire**

*(If married, husband and wife should complete separate Questionnaires.)*

In light of the increasing difficulties in the American Christian community in the area of moral purity, we are aware that many ministers have not been immune to these temptations. Ministry heightens these temptations, due to the additional stress, adjustment and loneliness of leadership. It is critical, therefore, that our recommendation be for someone with strong convictions and a lifestyle consistent with the biblical standards of moral purity.

*The information that you share in this questionnaire will be treated confidentially and will be seen only by an individual directly involved in your application decision.*

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(NOTE: Because of the sensitive nature of these questions, you may prefer to discuss your answers over the phone. If this is your desire, please indicate your request below, then simply complete questions "A" and "C".)*

Phone call requested. (circle one) Yes No Phone: \_\_\_\_\_  
Best time of day to call: \_\_\_\_\_ Time/s: \_\_\_\_\_ Time Zone: \_\_\_\_\_

A. What are your convictions regarding pre-marital and extra-marital physical involvement? (e.g. petting and sexual involvement) \_\_\_\_\_

B. Have you had a relationship in the past 5 years with a member of the opposite sex which would not be considered above reproach? (i.e. petting, sexual intercourse, extra-marital involvement, etc.). **Yes and No**

If so, when was the last occurrence of involvement in this kind of relationship? \_\_\_\_\_(mo/yr)

What was the extent of physical involvement? (Please be specific): \_\_\_\_\_

\_\_\_\_\_

**Singles:** Have you dated other men/women since the last occurrence? \_\_\_\_\_

If so, what has your physical relationship been with them? \_\_\_\_\_

**(or)**

**Married:** How has this affected your relationship with your spouse? \_\_\_\_\_

\_\_\_\_\_

C. What guidelines have you set for yourself in the physical area to ensure minimal temptation?

\_\_\_\_\_

D. Are you currently or have you had any struggles in any sexual areas, not mentioned so far? (i.e. constant temptation, inordinate thought life, pornography, pedophilia, etc.)

If so, explain: \_\_\_\_\_

\_\_\_\_\_

E. Do you believe in, approve of, or give acceptance to same sex marriages, or homosexual ministers? (circle one) Yes No

If so, explain: \_\_\_\_\_

F. Do you have any additional comments or clarification? \_\_\_\_\_

- G. Are you currently involved in any of the following areas or have you been in the last 3 years?  
Do you use tobacco?  
\_\_\_\_\_ Use alcoholic Beverages in excess?  
\_\_\_\_\_ Use Illegal or addictive drugs?

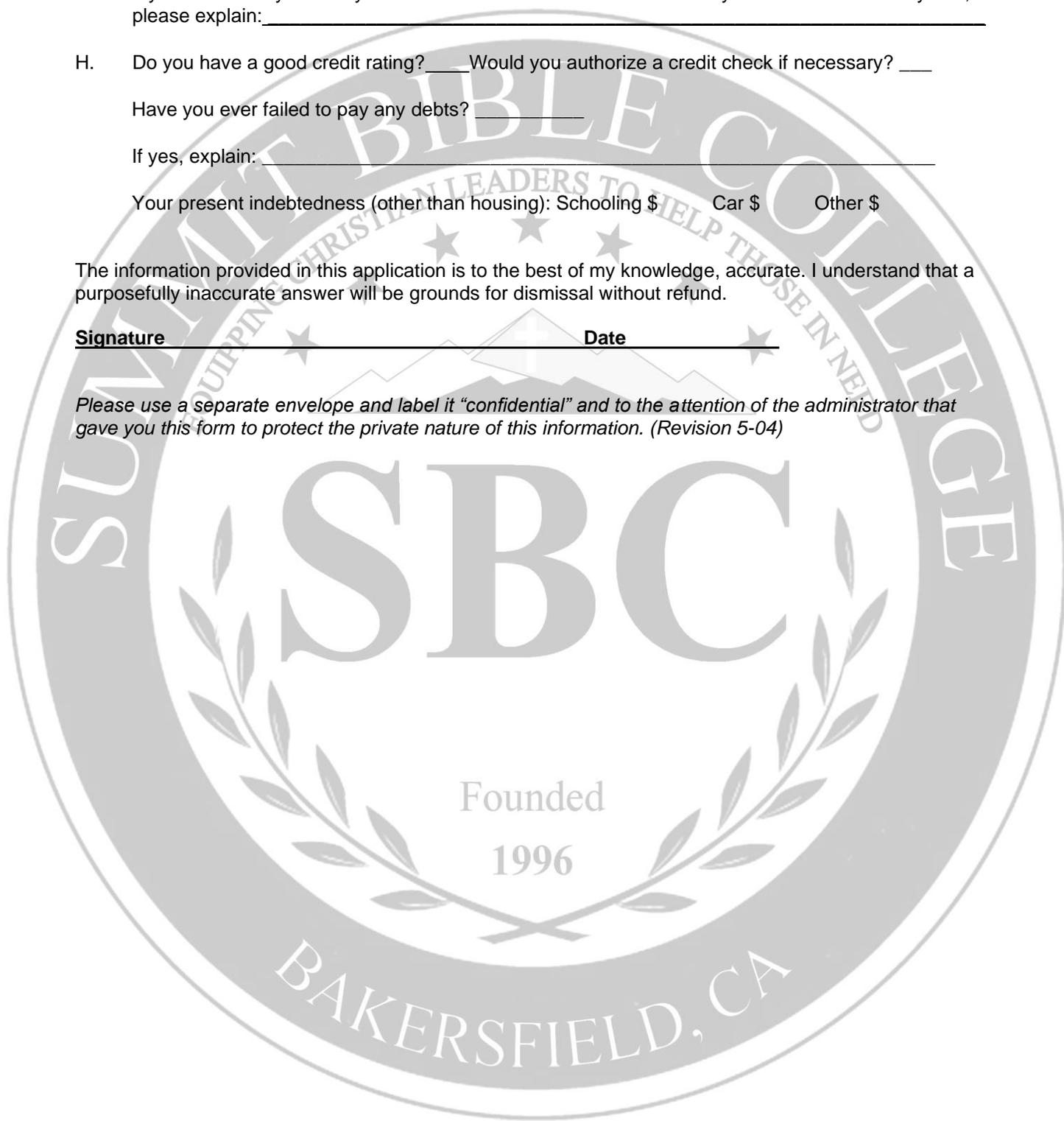
If you answered yes to any of the above or have been involved in any of these in the last 3 years, please explain: \_\_\_\_\_

- H. Do you have a good credit rating? \_\_\_\_\_ Would you authorize a credit check if necessary? \_\_\_\_\_  
Have you ever failed to pay any debts? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Your present indebtedness (other than housing): Schooling \$ \_\_\_\_\_ Car \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

The information provided in this application is to the best of my knowledge, accurate. I understand that a purposefully inaccurate answer will be grounds for dismissal without refund.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please use a separate envelope and label it "confidential" and to the attention of the administrator that gave you this form to protect the private nature of this information. (Revision 5-04)*



**SBC Minister's Questionnaire---YOUR PHILOSOPHY OF MINISTRY**

*In regard to the following topics, please indicate your position or understanding in these areas. If we desire further information concerning these subjects, we will contact you.*

Your thoughts on the divinity of Jesus: \_\_\_\_\_

Your view of the Scriptures: \_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_

Your approach to ministry: \_\_\_\_\_

Does your spouse desire a specific role with you in Ministry? \_\_\_\_ If so, what kind of ministry would he/she like to do? \_\_\_\_\_

What are your long-range goals in ministry? \_\_\_\_\_

What service/ministry do you MOST enjoy? LEAST enjoy? Why? \_\_\_\_\_

Your understanding of what it means to function as a member within the Body of Christ: \_\_\_\_\_

What are the core beliefs a non-believer must have to be able to come to Christ? \_\_\_\_\_

Your view of leadership in the church: \_\_\_\_\_

How would you propose to equip the leadership of such a church? \_\_\_\_\_

To what extent should Christian leaders be prepared for service? \_\_\_\_\_

Your understanding of the role and method of discipleship in building the church: \_\_\_\_\_

Would you support the establishment of a Christian college in your community? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

What are the essential ministries a church must have in order to grow? \_\_\_\_\_

Your approach to evangelism: \_\_\_\_\_

Your view of how missionaries should relate to the local church: \_\_\_\_\_

Do you belong to or have you ever belonged to any groups know or recognized as racist, "hate groups", "gangs", or quasi-Christian cults such as: KKK, nationalist socialist "white power" organizations, Jehovah Witness, Mormons, and the like? If so, what involvement have you had? Name dates and incidents: \_\_\_\_\_

\_\_\_\_\_

**VISION & MISSION**

In the space provided below, share both your Mission Statement and your Vision Statement for your ministry. The Mission Statement should be relatively brief, while the Vision Statement should be more detailed and describe how you're going to bring to pass the specific vision you believe God has entrusted to you.

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vision Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information provided in this application is to the best of my knowledge accurate. I realize that any false or misleading comments would mean immediate dismissal from the SBC Minister's Fellowship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Founded  
1996

BAKERSFIELD, CA

**Summit Bible College Self-Evaluation Form**

On a scale of one to ten (one = unskilled, ten= highly skilled) please rate yourself in the following areas:

**Ministry Skills**

- Counseling
- Preparation and conduct of worship
- Discipling
- Preaching/Teaching
- Building body cohesiveness
- Leading small groups
- Leading larger meetings

**Work Skills Orientation**

- Personal motivation/self starting
- Discipline in carrying out assignments
- Works well within a team
- Self Starter/Can work alone

**Community Orientation**

- Responsiveness to community
- Creative outreach methods
- Flexible in working with others

**Leadership Skills**

- Creating ownership of ministry
- Utilizing gifts of others
- Motivating and encouraging others
- Training others for ministry
- Developing leadership of others
- Servant-style of leadership
- Work well with consensus decision-making.

**Administrative Skills**

- Organizing administrative structures
- Goal setting and planning
- Time management
- Tracking and reporting information
- Evaluating and revising

**Relational and Communication Skills**

- Listening
- Networking (building support systems)
- Relationship building
- Conflict solving

**Personal Adjustment**

- Managing stress
- Self-esteem and self-confidence
- Adaptability
- Persistence in difficult tasks

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Problem Solving**

- Discernment and spiritual insight
- Creativity and innovation
- Decision-making
- input from others
- willing to risk
- willing to change
- decisive
- teachable
- Delegating appropriately

**Areas you are willing to do Volunteer**

**Service:**

Check all that apply

**Promotion**

- Church visits, speaking engagements
- Media awareness
- Newsletter
- ITT or Internet services
- Fundraising Events
- Grant Writing
- Film or Audio Production

**Administrative services**

- Legal representation
- Office Machines/Computer Maintenance
- Office help
- Phone call follow up
- Office Work, & Mailing flyers
- Phone Calling

**Ancillary Projects**

- Extension campuses
- Bookstore
- Instructor/Professor

YOUR COMMENTS OR CONCERNS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

## Responsibilities

1. Be faithful in pursuing the call of God as a minister of Jesus Christ.
2. Walk closely to Him in holiness and godliness, being obedient and faithful in character.
3. Promote Summit Bible College and our Ministerial Fellowship as is possible – be willing to tell others who could benefit from our services.
4. Include a statement of affiliation with Summit Bible College on your stationery and promotion materials – including Internet pages.
5. Stay in touch periodically. Email works best.
6. Credentials are renewable at the beginning of each year, to be accompanied with a report of ministry activities during the past year. The report form will be mailed to you from our offices.
7. Faithfully pay your dues.
8. Frequently pray for us and for all of our ministers, and to ask God whether you should tithe or donate extra offerings to Summit Bible College.

## Organizational Structure

We are a fellowship with no denominational ties.

We are based on mutual love for Jesus and each other; and concern one for another, not ownership or dictatorship.

We will be involved in our members' lives as they want or require by circumstances.

We desire to encourage and assist in the fulfillment of God's call in our minister's lives.

We also affiliate churches and ministries, taking responsibility to assist when there is any difficulty or changeover that requires outside help.

We expect to be received as an authority, should a need arise for correction. And we will expect that the area of corrective actions we recommend, be acted on.

We do not require agreements on all points of doctrine, but will insist on members being:

- Born Again
- Seeking to do God's will in every area of their life
- Having a valid calling and active ministry
- Having a teachable spirit
- Committed to being an active part of Summit Bible College Ministerial Fellowship.

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1996

BAKERSFIELD, CA

**Membership Agreement and Signature**

With my signature I hereby acknowledge I have read, agree to/with, and affirm the following:

- That the information I provided in this application, including all attachments and exhibits, is true and accurate to the best of my knowledge, and that if it is later determined to be false or misleading, the association at its sole discretion may revoke or withdraw my membership credentials;
- To authorize the association to contact the sources and references I have cited herein to verify the information I have provided herein, and release any such sources and referees and their agents and representatives from any claim or liability in providing verification of the information I have provided herein;
- To release the association and their agents and representatives from any claim or liability in obtaining verification of the information I have provided herein;
- The association’s Statement of Faith, Statement of Members Responsibilities, and Membership Criteria;
- To uphold standards of Holiness and Godly conduct governing ministers set forth in the Word of God;
- To recognize and respect the spiritual leadership provided by the governing and advisory presbyteries, and to prayerfully consider the Godly wisdom and Scriptural counsel afforded by them;
- To support the association with my prayers and moral support, financial support, and by proactively promoting and recommending the association to other persons desiring credentialing and affiliation with a ministerial association;
- To at all times maintain a high level of professionalism and quality of ministry that will reflect favorably upon the association and the ministry profession;
- That in the event my personal or professional life becomes seriously hindered or impaired by conduct unbecoming of a minister of God, I will willfully surrender my credentials with the association, if asked to do so by the leadership, and submit myself to any counseling and restoration process with the goal of reinstatement that they may recommend.

**Membership/Credential Fees:**

Please circle the plan that you would like to begin. Each plan is good for one year and renewable at any other level after the completion of the year.

	<u>Individual</u>	<u>with Spouse</u>
1. Licensed Minister:	\$176 per year	\$231 per year
2. Ordained Minister:	\$226 per year	\$261 per year
3. 5 year Licensee	\$554	\$829
4. 5-year Ordination	\$674	\$949

Prayerfully and willfully agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Member of Association

\_\_\_\_\_  
Date

# Summit Bible College

## Informed Consent and Release of Liability Form

**\*\*\*Release\*\*\***

In connection with my application for certification from Summit Bible College's Ministerial Fellowship, I hereby authorize the above-named institution to investigate my past and present employment, education and criminal records, including information on expunged records as provided by law, to ascertain any and all information which may be pertinent to my qualifications or fitness and to make any information received part of my permanent certification file. I understand that Summit Bible College will release any information related to my qualifications or fitness for working with children in the schools to any educational institution to which I apply for training, employment, or volunteer service. I further understand that my submission of this document is evidence of my knowledge, understanding and acceptance of the conditions herein set forth. I further agree that a copy of this release shall function as an original. I have the right to inspect information received into my file and to challenge or respond to that information.

**Please print complete name, complete all other fields, and sign form before a witness. Send a copy to the Administrative Assistant to the Dean, Summit Bible College, Bakersfield, CA, 93306.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security Number

\_\_\_\_  
First Name

\_\_\_\_  
Middle Name

\_\_\_\_  
Last Name

\_\_\_\_  
Date: MM/DD/YY

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Witness Signature Date