

# Application for Credentials

Mail Completed to:  
Loving God Fellowship  
1890 Star Shoot Parkway  
Suite 170, #318  
Lexington, KY 40509



**Loving  
God  
Fellowship**<sup>®</sup>  
*Loving God & People*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ SS Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Marital Status \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed  
(If you are divorced or remarried to a divorcee, attach a letter with explanation of details.)

Spouse's name \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you secularly employed? \_\_\_\_\_ If yes, position held \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, explain on separate page.)

What is the highest level of education attained? \_\_\_\_ High School \_\_\_\_ College \_\_\_\_ Post-College

Give a statement of your faith \_\_\_\_\_

Date You Started Following Christ \_\_\_\_\_ Date Baptized in Water \_\_\_\_\_

What area of ministry do you feel God has called you? \_\_\_\_\_ (Attach details about your calling on a separate page.)

Present ministry responsibilities \_\_\_\_\_

What previous Bible courses and/ or independent study have you received? \_\_\_\_\_

\_\_\_\_\_

**LGF COMMISIONED MINISTERS SEEKING LICENSE COMPLETE THIS SECTION**

Have you ever had your credentials withdrawn? \_\_\_\_\_

If so, when and for what reason? \_\_\_\_\_

Why do you desire to be licensed by LGF? \_\_\_\_\_

I understand that I will be placed under the oversight of an Ordained LGF minister. YES NO

I understand that I am to make written quarterly reports during the first year, and then an annual report at renewal time each year thereafter. YES NO

**LGF LICENSED MINISTERS SEEKING ORDINATION COMPLETE THIS SECTION**

How long have you been licensed with LGF? \_\_\_\_\_

Who is your oversight minister? \_\_\_\_\_

Do you hold ministry credentials with any other organization? \_\_\_\_\_

If Yes, Name and Address of organization \_\_\_\_\_

Are you in full time ministry? \_\_\_\_\_

Ask your oversight minister to send a letter of recommendation to LGF on your behalf.

**ALL APPLICANTS ANSWER THE FOLLOWING**

I will support LGF with my prayers.	YES	NO
I understand that I am to required to support LGF with monthly dues of \$10	YES	NO
I understand that there is an annual credential renewal fee of \$100	YES	NO
Is your life in order according to 1 Timothy 3:1-7?	YES	NO
If married, is your spouse in total agreement with the call and performance of your ministry?	YES	NO

I hereby certify the above questions are answered to the best of my ability and knowledge. I give LGF permission to perform a background check:

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

**The following is a checklist for the requirements NECESSARY for processing this application**

- \_\_\_\_ Enclose a current photograph of yourself only.
- \_\_\_\_ Details concerning marriage status (if applicable).
- \_\_\_\_ Letter of recommendation from your oversight minister if licensed or ordained.
- \_\_\_\_ \$100 Application fee. (Non-refundable)
- \_\_\_\_ Explanation of felony conviction (if applicable).
- \_\_\_\_ Enclose a statement in regard to your call to the ministry.