



**Faith Christian Fellowship of Canada Inc.**

PO Box 1202 Moncton, NB E1C 8P9

Tel: 506-856-9881 Fax: 506-856-0161

www.fcfcanda.ca

All individuals who believe in the principles, nature, and purpose of Faith Christian Fellowship of Canada Inc., may make application to become a part of this Fellowship if they fulfill the following requirements:

1. Must be at least 21 years of age.
2. Must be called of God to minister (Ephesians 4:11)
3. Must be involved in the ministry.
4. Must have completed one of the following:
  - a. One year of college or formal Bible training.
  - b. One year in active full time ministry.
  - c. A combination of the above totaling one year.
5. Must agree with the FCF Canada Tenets of Faith.
6. Must return completed packet, processing & annual fee to above address.

Action will **not** be taken on your application until all fees and completed forms have been returned to the above address. All completed application packets must include the following:

1. Application form.
2. Recent passport size photograph and a digital pic sent to dannis@rogers.com.
3. Application fee of \$175.00. (Should an application not be accepted, this fee minus \$75 processing fee will be refunded. Ministers who are accepted in the last quarter of the year will not have a renewal fee the following year.)
4. Two recommendations from persons who have known your ministry for two years.
5. Minister's Agreement to be signed after reading the FCF Tenets of Faith.
6. Statement of Ministry.
7. A detailed, typed resume containing education, employment, and ministry history.

## License Requirements

## IMPORTANT NOTICE:

1. All applications are to be completed and returned to FCF Canada office in Moncton.
2. An FCF Representative will contact the applicant for a telephone interview. Following this interview, the application will receive a final review by the Executive Board. This process could take 60 days.
3. License recognizes and confers upon approved applicants all the rights and privileges of a licensed minister including the authority to conduct communion, baptisms, burials, and other forms of Christian worship and sacerdotal functions in accordance with the Tenets of Faith of FCF Canada with the exception of performing marriages..

## LICENSE RENEWAL INFORMATION

1. All credentials expire the first day of January. Annual renewal fees are \$100.00. Renewal forms and fees are due at the Canadian Office by December 31st to avoid late fees.
2. Renewals postmarked after December 31st will not be accepted until the late fee of \$25.00 is paid.
3. Renewals are the responsibility of the applicant. If you do not receive a renewal by November 1st, contact the Canadian Office.
4. Ministers whose renewals are not received by FCF Canada before April 1st will be placed on the inactive list and required to return their credentials.

## FCF CRITERIA TO DETERMINE APPROVAL OR RENEWAL OF CREDENTIALS.

A combination of the following points is expected:

1. Applicant's **financial commitment to FCF Canada**. FCF desires a solid covenant relationship with every minister. FCF expects credentialed ministers to be committed to the vision through prayer and financial support. Giving is evidence of commitment, loyalty, and dedication, first to God and then to each other.
2. Applicant's commitment to continuing education.
3. Applicant's attendance at FCF Canada Conference, Regional Meetings, and Regional Gatherings.
4. Applicant's effort to make contact with their FCF Canada Representatives.
5. Applicant's correspondence and progress updates to the Canadian Office.



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**Place Photo  
Here**

**Application Fee \$175.00**

## License Application

***Please fill in every blank and complete each question. Please print or type.***

**Note:** Include a resume with this application. If you are credentialed with other organizations, include copies of certificates with the resume. The resume should contain the following information:

1. Education: In addition to high school and/or college, include Bible schools, trade schools, correspondence schools, etc.
2. Complete employment and ministry history.

<b>Personal Information</b>	
Name _____	Home Ph _____
Mailing Address _____	Work Ph _____ Cell Ph _____
City _____	Province _____ Postal Code _____
Street Address _____	Your Date of Birth _____
Are you a Citizen or a legal resident of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail _____
Are you <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouse's name _____	Spouse's Date of Birth _____ Anniversary date _____
Number of dependents _____	Date you were born again _____ Date you were filled with the Holy Spirit (Acts 2:4) _____

<b>Previous Ministerial Experience</b>	
Have you been credentialed through another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Organization _____	Date _____
What type of credentials? <input type="checkbox"/> Licensed <input type="checkbox"/> Ordained	
Explain your previous ministerial experience: _____	
_____	
_____	

### Present Ministry Information

1. With what other ministerial organization do you **currently** hold credentials? (Specify license or ordination.)

Name of Organization: \_\_\_\_\_

Type of Credential: \_\_\_\_\_

2. Name, address and telephone of the ministry in which you are working:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Website \_\_\_\_\_

Size of congregation (if this is a church) \_\_\_\_\_

3. Are you currently in an officially recognized ministerial position?  Yes  No

4. Present primary field of ministry

Sr. Pastor  Youth Minister  Administrator  Other. Describe \_\_\_\_\_

Asst. Minister  Children's Minister  Helps \_\_\_\_\_

Evangelist  Music Minister  Teacher \_\_\_\_\_

Are you:  Full Time  Part time  Inactive  Retired

5. What is your **current** responsibility and function in the ministry? \_\_\_\_\_

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

6. If you are a pastor, please answer the following questions.

a. Did you  Start the church  Take an existing work  Other

Explain other: \_\_\_\_\_

b. Date of first service \_\_\_\_\_ c. Length of time in this pastorate \_\_\_\_\_

d. Average Sunday morning attendance \_\_\_\_\_

e. Schedule of weekly services \_\_\_\_\_

f. How often do you serve communion in your church? \_\_\_\_\_

g. What is the seating capacity of your church facility? \_\_\_\_\_

h. Do you have a "Sunday School" type program?  Yes  No

i. Please list three guest speakers you have had in your church during the past six months.

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

7. Why have you chosen FCF Canada for ministerial credential?

Disaffiliation from another organization. Explain why. \_\_\_\_\_

Convenience  Legal reasons

Agreement with the vision

8. Are you committed to a local church? Yes No  
 To what level? Deeply Moderately Little
9. Your Pastor's name \_\_\_\_\_  
 Church \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_
10. Please describe the call of God on your life and your vision for accomplishing this.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Have you ever personally been involved in a church split? Yes No  
 (If yes, please explain on a separate sheet of paper.)
12. Have you ever had any civil or criminal proceedings against you? Yes No  
 Explain: \_\_\_\_\_
13. Are there currently any legal judgments against you? Yes No  
 Explain: \_\_\_\_\_
14. How did you hear about FCF Canada? \_\_\_\_\_
15. Give the name, address and telephone number of at least one FCF credentialed minister with whom you are acquainted.  
 \_\_\_\_\_  
 \_\_\_\_\_
16. If you are approved as a licensed minister, what do you expect to do that would benefit the FCF family?  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Which area of your personal life has the greatest need? \_\_\_\_\_  
 \_\_\_\_\_  
 And in your ministry? \_\_\_\_\_  
 \_\_\_\_\_
18. How do you envision maintaining a vital relationship with FCF Canada in the future? \_\_\_\_\_  
 \_\_\_\_\_

19. Have you ever attended our FCF Annual Family Church Conference? Yes No  
Do you plan to attend this conference? Yes No
20. Have you ever attended any conference sponsored by FCF Canada? Yes No  
Do you plan to attend any of these conferences? Yes No
21. Do you financially support FCF Canada? Yes No  
Will you financially support FCF Canada? Yes No
22. Do you agree to financially support FCF Canada on a weekly or monthly basis?  
Weekly Monthly
23. Do you financially support any FCF Missionaries or missions projects? Yes No  
Will you financially support FCF Missionaries or missions projects? Yes No
24. If you pastor, are you open to receiving FCF Canada Leadership to speak  
in your church? Yes No
25. Will you send updates on your progress to FCF Canada? Yes No

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Signature

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Date





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 www.fcfcanada.ca

## RECOMMENDATION FOR LICENSE

Name of applicant: \_\_\_\_\_

The above named person is applying for a License with Faith Christian Fellowship of Canada. The questions listed below should be answered honestly and completely, for serious consideration will be given to your answers.

Our files are kept confidential, so please complete this form to the best of your ability. Then return it to our office. Thank you.

1. How long have you known the applicant? \_\_\_\_\_
2. Do you feel that you know the applicant well enough to evaluate his/her eligibility for License credentials? Yes No
3. What is your relationship with the applicant? Friend Pastor Other  
 Is your relationship Casual Intimate Professional
4. In your opinion, does the applicant exhibit a "call" to the ministry? Yes No Do not know  
 Explain your answer. \_\_\_\_\_

- 
5. Does the applicant have the trust and respect of fellow Christians? Yes No Do not know
  6. To your knowledge is the applicant currently involved in the ministry? Yes No Do not know

- |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>7. Pulpit Experience/Preaching and Teaching           <ul style="list-style-type: none"> <li><input type="checkbox"/> Well experienced</li> <li><input type="checkbox"/> Light experience</li> <li><input type="checkbox"/> No experience</li> <li><input type="checkbox"/> Do not know</li> </ul> </li> </ol> | <ol style="list-style-type: none"> <li>8. Work habits (in the ministry)           <ul style="list-style-type: none"> <li><input type="checkbox"/> Very industrious; does more than required</li> <li><input type="checkbox"/> Satisfactory</li> <li><input type="checkbox"/> Enough to get by</li> <li><input type="checkbox"/> Does less than expected</li> </ul> </li> </ol> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>9. Ability to withstand pressure           <ul style="list-style-type: none"> <li><input type="checkbox"/> Tolerates pressure well</li> <li><input type="checkbox"/> Average tolerance/usually remains calm</li> <li><input type="checkbox"/> Easily Irritated</li> <li><input type="checkbox"/> Can not handle pressure</li> <li><input type="checkbox"/> Do not know</li> </ul> </li> </ol> | <ol style="list-style-type: none"> <li>10. Personal organization           <ul style="list-style-type: none"> <li><input type="checkbox"/> Conscientious, tidy, clean</li> <li><input type="checkbox"/> Fairly neat</li> <li><input type="checkbox"/> Tends to be disorderly</li> <li><input type="checkbox"/> Disorderly and untidy</li> <li><input type="checkbox"/> Do not know</li> </ul> </li> </ol> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Response/Attitude toward authority
- Helpful and cooperative
  - Usually responsive
  - Resentful of authority
  - Not cooperative/very resentful
  - Do not know
12. Marriage and Family
- Attentive to spouse and children
  - Spouse and children take a back seat to work/ministry
  - Neglects spouse and children
  - Do not know
13. Emotional stability
- Self controlled and mature
  - Usually stable
  - Moody and changeable
  - Many uncontrolled periods/unstable
  - Do not know
14. To your knowledge is the applicant currently involved in any heresy? Yes No  
If yes, explain: \_\_\_\_\_
15. Does the applicant demonstrate all the following: positive attitude, a sincere love for people, emotional stability, spiritual maturity and commitment? Yes No
16. In what ministerial position(s) within the local church is the applicant presently serving?  
\_\_\_\_\_
17. Explain why the applicant should or should not be licensed through Faith Christian Fellowship of Canada.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I recommend the applicant for a License:** Yes Yes, with reservation No

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Your age: 18-25 26-35 36-50 over 50

**If you are a credentialed minister, please complete the following:**

Ministry Name \_\_\_\_\_

Your Position \_\_\_\_\_

Organization you are credentialed with \_\_\_\_\_

Year of credentialing \_\_\_\_\_



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- |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |
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\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I recommend the applicant for a License:** Yes Yes, with reservation No

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Your age: 18-25 26-35 36-50 over 50

**If you are a credentialed minister, please complete the following:**

Ministry Name \_\_\_\_\_

Your Position \_\_\_\_\_

Organization you are credentialed with \_\_\_\_\_

Year of credentialing \_\_\_\_\_



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## STATEMENT OF MINISTRY

Complete this form to establish that you will be or are currently involved in ministry.

### IMPORTANT INFORMATION:

- If you, the applicant, are a senior pastor or president of a ministry, check here and proceed directly to Section Two. Complete Section Two for yourself.
- If you, the applicant, are in any other ministry position, Section One and Section Two are to be completed by the person that is directly responsible for your involvement in the ministry, i.e. Minister, Pastor of a church, Business Manager, etc.

### Section One

\_\_\_\_\_ will be working with us in the following capacity  
Applicant's Name  
(please be as detailed as possible):

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### Section Two

Effective on the following date: \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **Minister's Agreement**

*I am in accord with all the Tenets of Faith and the credentialing requirements of Faith Christian Fellowship of Canada Inc. I will always conduct myself in a manner becoming to Christ Jesus and His Kingdom; in word, in spirit, and in conversation. I will never give cause for accusations to be made against me in the conduct of my personal affairs or public ministry. I am willing to accept counsel and advise from Faith Christian Fellowship of Canada, submitting myself in love, understanding that Faith Christian Fellowship of Canada has the authority to revoke my ministerial rights and privileges if my conduct becomes reproachful.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**TENANTS OF FAITH**  
**Faith Christian Fellowship of Canada**  
***WE BELIEVE***

*The program and activities of Faith Christian Fellowship shall be based upon and at all times shall be consistent with the following beliefs:*

- We believe that the Bible is the mind of Christ and is the inspired, the only infallible and authoritative word of God.
- There is one God manifested in three personalities: Father, Son and Holy Spirit.
- The deity of our Lord Jesus Christ and His sinless life, His miracles, and His vicarious and atoning death through His shed blood.
- His bodily resurrection and His ascension to the right hand of the Father.
- His personal return in power and glory as Lord of Lords and King of Kings.
- The fall of man and his lost estate, which makes necessary a rebirth through repentance and belief in the Lord Jesus Christ (God's kindness is intended to lead men to repentance).
- The reconciliation of man to God by the substitutionary death and shed blood of the Lord Jesus Christ.
- Water baptism by emersion according to Matt 28:19 and Acts 2:38.
- The baptism of the Holy Ghost with the initial evidence of speaking in other tongues (Acts 2:4).
- The resurrection of believers unto everlasting life and the resurrection of unbelievers unto eternal death.
- The present day supernatural ministry of the Holy Spirit who bestows the spiritual gifts in and among believers until our Lord's return.
- That Christ is the end of the law for righteousness to everyone that believeth (Rom 10:4).
- The word is nigh thee even in thy mouth and in your heart that is the word of faith which we preach (Rom 10:8).
- Faith comes by hearing and hearing by the word of God (Rom 10:17).



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## **VISION STATEMENT**

Helping you fulfill the vision and call God has given

## **MISSION STATEMENT**

Reaching the World for Jesus Christ  
Demonstrating the power of the Holy Spirit  
Building Covenant Relationships

## **CORE VALUES**

Help people succeed  
Allow freedom in the Holy Spirit  
Emphasize family  
Build on the foundation of faith