



## *Red de Ministerios Sonshine*

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This is the application for ministerial credential for the first time.

It must be completed and submitted by the applicant seeking RMS credentials for the first time, whether pastors, ministers or workers.

Said application will be considered and the appropriate study will be carried out, please provide all the requested information.

If you need more space for this, please use additional sheets listing the number whose answer you wish to expand.

Please use black or dark blue ink and print as clearly as possible to avoid errors.

It is important that you attach:

- Certifications and diplomas that endorse your studies or training related to the activity for which the credential is desired.
- Two (2) 2"x2" passport size photographs
- National Certificate of Good Conduct (National Background Check) via: <https://myalphasearch.com/comprehensive-background-checks/>
- Certificate from the Bible institute.
- Check or money order in the amount of \$100 payable to Sonshine Ministries Network. Please send everything required to: SONSHINE MINISTRIES NETWORK P.O. Box 15649, West Palm Beach, FL 33416
- We want to know if you have read the IPHC manual. <https://iphc.org/wp-content/uploads/2018/07/IPHC-Manual-2017-2021-Spanish.pdf>

Once completely filled out, mail it to the address provided below: SONSHINE MINISTRIES NETWORK P.O. Box 15649, West Palm Beach, FL 33416 or email [info@reddeministeriossonshine.org](mailto:info@reddeministeriossonshine.org)

Our offices are available to assist you with any questions, please contact us at phone number (954) 200-1570.



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### I. APPLICANT INFORMATION:

1. Full name: \_\_\_\_\_
2. Gender: Male (  ) Female (  )
3. Place and date of birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. Nationality: \_\_\_\_\_
5. Postal address: \_\_\_\_\_  
\_\_\_\_\_
6. City: \_\_\_\_\_
7. Status: \_\_\_\_\_
8. Code. Postcard: \_\_\_\_\_
9. Home Tel.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
10. Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
11. Email: \_\_\_\_\_ @ \_\_\_\_\_
12. Confirm email: \_\_\_\_\_ @ \_\_\_\_\_
13. If you have a website, add it \_\_\_\_\_
14. Please mark with an "X" the credential for which you are applying:  
(  ) Local Worker (  ) Transfer (  ) Minister's License (  ) Ordination Certificate  
Other: \_\_\_\_\_
15. Have you been a member of an IPHC affiliated conference? NO YES (  )
16. Name of the conference: \_\_\_\_\_
17. Conference phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
18. Name of Conference Bishop: \_\_\_\_\_
19. Have you been a member of an RMS church? NO YES (  )
20. Name of the church: \_\_\_\_\_
21. Church phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
22. Name of Pastor: \_\_\_\_\_



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### II. INFORMATION ABOUT YOUR CONGREGATION

1. What position do you currently occupy in the church?

Senior Pastor. ( ) Associate Pastor. ( ) Pastor of youth. ( ) Children's Pastor. ( )

Evangelist. ( ) Minister of Praise. ( ). Missionary. ( ) Biblical Instructor. ( )

Other; explain: \_\_\_\_\_

2. Name of the church: \_\_\_\_\_

3. Church address: \_\_\_\_\_

\_\_\_\_\_

4. City: \_\_\_\_\_ State: \_\_\_\_\_ Code. Postcard: \_\_\_\_\_

5. Church phone: \_\_\_\_\_

6. Church email: \_\_\_\_\_@\_\_\_\_\_

7. Church WEB page: \_\_\_\_\_

8. Number of active members in your church: \_\_\_\_\_

### III. STATISTICAL AND FAMILY INFORMATION OF THE APPLICANT:

1. Current occupation: \_\_\_\_\_

2. Marital Status:

Single ( ) Married ( ) Widowed ( ) Divorced ( ) Separated ( )

3. If you are married, indicate the date of your wedding anniversary: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Have you been previously married? NO ( ) YES ( )

Reason: Widowhood ( ) Abandonment ( ) Annulment ( ) Divorce ( )

5. Has been or is a member of a Masonic secret society, or Scottish rite or similar:

NO ( ) YES ( )

6. Name of your spouse: \_\_\_\_\_

7. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_. Place of birth \_\_\_\_\_

8. Nationality: \_\_\_\_\_

9. Has your spouse been married before? NO ( ). YES ( )

Reason: Widowhood ( ) Abandonment ( ) Annulment ( ) Divorce ( )



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10. Names and ages of the children:

a. Name and age

\_\_\_\_\_

b. Name and age

\_\_\_\_\_

c. Name and age

\_\_\_\_\_

d. Name and age

\_\_\_\_\_

IV. EDUCATIONAL AND ACADEMIC HISTORY:

1. Do you take a Bible Institute course? NO ( ) YES ( )

2. Name of the institution: \_\_\_\_\_

3. Did you complete university academic studies? NO ( ) YES ( )

4. Institution: \_\_\_\_\_

5. Degree obtained: \_\_\_\_\_

At RSM it is a requirement that every minister of the Gospel, regardless of their rank, be trained and take the available courses and training that are scheduled as training, information and inspiration to be better leaders (Continuing Education programs for ministers). If accepted, do you commit to taking advantage of all the preparation, formation, training and systematic theological teaching resources that RSM programs?  
NO ( ) YES ( )

V. ECCLESIASTICAL EXPERIENCE AND MINISTERIAL CALL:

1. When did you receive, accept and believe in Jesus Christ as your personal Lord and Savior? \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Have you received the baptism of the Holy Spirit and the gift of tongues as Acts 2:3 says? NO ( ) YES ( )

3. Do this and other evidence regularly manifest in your life? NO ( ) YES ( )



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4. Have you received water baptism according to Christian doctrine (Matthew 3:13 / Matthew 28:19) NO (  ) YES (  )
5. Do you believe that the Bible is the truth because it is the word of God? NO (  ) YES (  )
6. Have you read the entire Bible at least once? NO (  ) YES (  )
7. Have you previously held credentials with RMS or another designation? NO (  ) YES (  )
8. From what church? \_\_\_\_\_  
Were you ordained there? NO (  ) YES (  ) in what year? \_\_\_\_\_
9. Do you agree with the RMS Statement of Faith? NO (  ) YES (  )
10. Do you have the spiritual conviction without a doubt that you have been called by the Holy Spirit to exercise a Christian Ministry? NO (  ) YES (  ) Which Ministry? \_\_\_\_\_  
\_\_\_\_\_
11. Are you currently active in any type of Ministry? NO (  ) YES (  )  
Describe which ministry you are active in: \_\_\_\_\_
12. Name of your Supervisor (if applicable): \_\_\_\_\_
13. Telephone of your Supervisor: (\_\_\_\_) \_\_\_\_\_
14. Position held by your Overseer in your church: \_\_\_\_\_
15. Name of the church: \_\_\_\_\_
16. Would you participate in conference, regional and/or general RGS programs?  
NO (  ) YES (  )
17. Give a brief summary of your church leadership experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



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18. If you are applying for a license other than that of a local church minister, do you understand that your application is subject to the Quadrennial Conference and the conference Board of Directors as they meet to consider your application? NO ( ) YES ( )
19. Do you commit to supporting by communicating to your church and attending the activities organized by RMS and its regional and general Ministries? NO ( ) YES ( )
20. Knowing as Ministers/Leaders that we are all stewards of the resources that God gives us to manage, do you commit to faithfully rendering a tenth (full tithe) of everything you receive to the storehouse? (for the Pastor or director of the church the storehouse is the treasury of RSM; for the Minister of the local church who does not have a pastoral appointment it is the treasury of his local church) NO ( ) YES ( )
21. Do you understand and accept that failure to comply with this Christian ordinance may mean the loss of your credentials and withdrawal from RSM membership? NO ( ) YES ( )
22. Have you been fired by any church organization or had your credentials revoked for any reason? NO ( ) YES ( )
23. Explain briefly but clearly the circumstances and reason for the dismissal:

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24. If there comes a time when you are not in harmony with the ministerial vision of RSM, do you agree to return your credentials, certificates and license to the Superintendent? NO ( ) YES ( )

### SAW. STATEMENT.

I declare that all the information provided through this application about me, my spouse, my children, my ministerial status, studies and experience is the complete truth and that my signature on this document means my total commitment, acceptance and moral obligation to comply with everything that it says here and the statutes of RMS. On record, I sign before witnesses and accompany this application with the required certifications and recommendations and other information requested to process my request.

COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND SIGNATURE OF THE APPLICANT: \_\_\_\_\_



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### VII. REFERENCES AND RECOMMENDATIONS:

#### A. LOCAL CHURCH PASTOR:

I, \_\_\_\_\_ pastor  
of the church \_\_\_\_\_,  
certify that I know: \_\_\_\_\_,  
as a person of faithful Christian testimony and therefore allow myself to recommend him  
as a candidate to the Global Ministries Network to obtain a Local Church Minister or  
Licensed Minister credential , or Certified Minister

Comments:

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Name and signature

#### B. REFERENCES

| NAME | PHONE | ADRESS | CHURCH |
|------|-------|--------|--------|
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|      |       |        |        |
|      |       |        |        |



# Red de Ministerios Sonshine

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SPACE RESERVED FOR EXCLUSIVE USE OF THE RMS

Name of the Evaluating Minister:

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Application: APPROVED                      DENIED

Reasons: \_\_\_\_\_

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Bishop/Superintendent of RMS: \_\_\_\_\_ Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_

Credentials Committee President: \_\_\_\_\_ Processing Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Credentials Committee

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