



**P.O. Box 2485  
Ann Arbor, MI 48106  
734. 662.6040  
734. 662.5470 Fax**

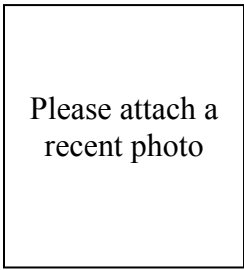
**Email: [bam@shekinahchurch.org](mailto:bam@shekinahchurch.org)  
Website: [www.shekinahchurch.org](http://www.shekinahchurch.org)**

**Barbara J. Yoder, Founding Apostle**

**Apostolic Team**

Jay and Cristina Pike  
Ralph and Phyllis Carnegie  
Rod and Margaret Allen  
Bradford and Lori Bandemer  
Joyce Simmons Gamlin  
Eleanor and George Reynolds  
Tonya Roberson

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**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Country of Citizenship (if other than USA please furnish proof of legal residency)  
\_\_\_\_\_

Date of Conversion: \_\_\_\_\_ Date water baptized: \_\_\_\_\_

Date baptized in Holy Spirit: \_\_\_\_\_

Briefly describe your conversion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION (CONTINUED)**

1. Have you ever been convicted of a felony?  Yes  No  
If yes, please explain on a separate sheet.
  
2. Have you ever been suspected of a crime against another person including assault, murder, any type of sex crime (including crimes against children) etc.?  Yes  No  
If yes, please explain on a separate sheet.
  
3. Do you currently have any financial judgments against you?  Yes  No  
If yes, please explain on a separate sheet including how you intend to make these good.
  
4. Do you struggle with or are you currently involved in any sexual sin (heterosexual, homosexual) including pornography in any manner?  Yes  No  
If yes, please explain on a separate sheet.
  
5. Do you currently use tobacco, alcohol or illegal drugs?  Yes  No  
If yes, please explain on a separate sheet.
  
6. Understanding that a minister of the Gospel must maintain the highest moral and ethical standards and absolute integrity, do you feel there is any area of your personal life that would hinder your ministry at this time?  Yes  No  
If yes, please explain on a separate sheet of paper.

## **MARITAL RELATIONS**

Marital Status:

- Single
- Engaged \*
- Married
- Divorced \*\*
- Separated \*\*
- Widowed

\* Confirm in writing when you will be married

\*\* Attach on separate sheet details in writing

Spouse or Fiancé Name: \_\_\_\_\_

Date of marriage, present or proposed: \_\_\_\_\_

Is your spouse born again?  Yes  No

Is your spouse baptized in water and the Holy Spirit?  Yes  No

Does your spouse or fiancé support your call and ministry?  Yes  No

If no, please explain on a separate sheet of paper.

Do you commit before God to preserve and protect your relationship with your spouse?

Yes  No

If currently married, would you say that you and your spouse have a good relationship, which includes maintaining good open lines of communication?  Yes  No

**EDUCATION (HIGH SCHOOL)**

High School attended (if any): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Date Graduated (if applicable): \_\_\_\_\_

If GED, date and location received: \_\_\_\_\_

**EDUCATION (POST HIGH SCHOOL, INCLUDING BIBLE SCHOOL)**

1. Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

2. Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

3. Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

5. Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**PERSONAL CHARACTER REFERENCES**

The reference should be someone other than a relative who has known you well for at least three years. All references will be contacted.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MINISTRY CHARACTER REFERENCES**

The reference should be someone other than a relative who has known you well for at least three years. All references will be contacted.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**MINISTRY INFORMATION**

Name of Ministry: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

\*\* Please provide a copy of your ministry's vision statement

Are you now or have you ever been licensed or ordained?  Yes  No

If so, please list the Denomination or organization and date credentialed:

Name: \_\_\_\_\_ Date Credentialed: \_\_\_\_\_

Name: \_\_\_\_\_ Date Credentialed: \_\_\_\_\_

If you are leaving or have left this denomination or organization, please explain why:

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

Identify the area(s) of ministry to which you feel God has called you:

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

Are you a member of any other ministerial organizations? If so, please list:

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

**CONNECTION TO BREAKTHROUGH APOSTOLIC MINISTRIES**

Have you previously submitted an application to Breakthrough Apostolic Ministries?

Yes    No   If so, when? \_\_\_\_\_

How did you hear about Breakthrough Apostolic Ministries (BAM)?

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

Why are you interested in joining BAM and how can BAM assist you in fulfilling the call of God on your life?

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

Are you willing to be accountable to the leadership of Breakthrough Apostolic Ministries?

Yes    No

## **STATEMENT OF COMMITMENT**

I will conduct my life with integrity. I will live a lifestyle of moral excellence in my ministry and in my private life as a Minister of the Gospel. According to the above requirements I am eligible to apply to BAM and if at any time I become ineligible, I will inform BAM immediately.

Do you agree with this statement?  Yes  No

## **STATEMENT OF TRUTH**

I understand that all items submitted to BAM as part of the application process become the permanent property of BAM and will not be returned.

This application will be held in absolute confidence. Only those persons holding positions on the BAM apostolic leadership team will review it. I grant BAM and its leadership permission to verify information on this application including a criminal background and credit history check.

I have read and completed all sections of this application.

I hereby state that all the information contained on this application is correct and true.

I agree to comply with BAM membership requirements, moral standards and accountability to BAM leadership, as is necessary for maintaining BAM membership. After administering appropriate counsel, BAM leadership reserves the right to absolve the membership of any member who fails to comply.

Do you agree with this statement?  Yes  No

I am applying to come into  partnership or  fellowship (select one) with BAM and understand the corresponding financial commitment required of that level (see below). I am willing to make the financial commitment for membership in BAM.

1. Partnership with BAM: a primary committed relationship to BAM—50% of personal tithe and at least 1-5% of church's net income monthly. This would involve greater input from us into you, our commitment to you would be greater, and your commitment to us would be stronger. Ordination and/or commissioning by BAM into your ministry office or position.
2. Fellowship relationship with BAM: where you are part of the network and benefit from it but do not want to commit on the level of 'a' above—25% of your personal tithe. This relationship would limit our commitment to you to include invitations to the apostolic network meetings and leadership training sessions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*BAM does not discriminate on the basis of race, gender, age, nationality or church affiliation. All applicants will be prayerfully considered for membership.

**PAYMENT INFORMATION**

Application Fee: \$20.00 U.S. Currency (Non-Refundable)

Payment Options:

<input type="checkbox"/> Check:		
Credit Card (Please Check One)	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit Card Number:	Exp. Date:	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send all application materials to:

**Breakthrough Apostolic Ministries**

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