



ASSOCIATION OF INDEPENDENT MINISTRIES

Ordination Requirements



A.I.M. Statement of Faith

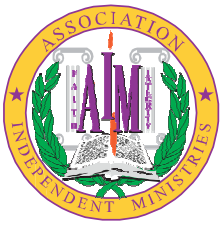
We Believe In . . .

- The Triune God - The Father, The Son, The Holy Spirit.
- Jesus Christ is true God and true man.
- The Holy Spirit is a Divine Person.
- The Old and New Testaments are God's Divinely Inspired Words.
- All have sinned and come short of the Glory of God and are in need of salvation.
- Salvation has been provided in the redemptive work of Christ and is available to every believer.
- It is the will of God that every believer is filled with the Holy Spirit.
- Healing is provided in the redemptive work of Christ and is available to every believer.
- The Church consists of all those who have received Jesus Christ as their personal Savior.
- There shall be a bodily resurrection of the just and of the unjust.
- We believe in the personal, visible, imminent return of Jesus Christ.
- We believe in water baptism and observance of the Lord's Supper.

Ordination Certification Requirements

Those ministering and desiring to apply for a Certificate of Ordination must meet the following requirements:

1. Must have a current Certificate of License.
 2. Must be presently complying with all stipulations outlined for receiving a Certificate of License.
 3. Must show proof of existing Church Ministry.
 4. Must agree with the A.I.M. Statement of Faith.
 5. Must submit the names of three (3) ordained ministers that we can call for a personal recommendation. They must be presently operating in a full-time Ministry and are familiar with your Ministry on a first-hand basis (2) of the ministers must be current AIM Pastors (1 Timothy 3:6-7)
 6. Must complete Application form.
 7. Must submit your Ministry Vision/Mission Statement.
 8. Must provide a copy of your current resume' (listing both secular and ministerial positions) along with a photo.
 9. Must be an active member of A.I.M. in good standing for at least 3 Years (Good Standing – You have attended/registered for the Strategies Conference and other Conferences hosted by New Light Church.
 10. Must submit to a criminal background check.
 11. Must submit \$100.00 along with completed application for the A.I.M. Ordination processing fee. The \$100.00 processing fee is for a background check in the following areas: criminal records, personal references, other public records.
- ***Application for Ordination does not guarantee that Ordination will be granted. All applications are subject to approval.***
 - ***Special cases outside the scope of the requirements may or may not be considered.***



ASSOCIATION OF INDEPENDENT MINISTRIES

Application for Certificate of Ordination



PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Last Name _____

First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Day Phone No. (____) _____ Evening Phone No. (____) _____

Email Address _____

Social Security No. - -

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Remarried ☐ Divorced
☐ Engaged ☐ Widow ☐ Widower

Spouse/Fiance' Last Name _____

First Name _____

Is your Spouse/Fiance' in agreement with your decision to enter into ministry?
☐ Yes ☐ No

REFERENCES

Name of your church? _____

Church Address _____

City _____ State _____ Zip _____

Phone Number _____

Web Site _____

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

☐ Pastor ☐ Evangelist ☐ Teacher ☐ Missions

Please indicate whether you have been licensed or ordained: ☐ Licensed ☐ Ordained

QUESTIONS

Is your present moral lifestyle in compliance with the Word of God? ☐ Yes ☐ No

Are you in agreement with the A.I.M. Statement of Faith? ☐ Yes ☐ No

Are you able to affirm that your home life is in order and in line with the Word of God as found in 1 Timothy 3:1-5? ☐ Yes ☐ No

RECOMMENDATIONS

Please submit the names of three pastors we can call for recommendations.

(See Guidelines)

1. Name _____

Phone (____) _____ (____) _____

Name of Church _____

Address of Church _____

City _____ State _____ Zip _____

E-mail Address _____ Fax (____) _____

2. Name _____

Phone (____) _____ (____) _____

Name of Church _____

Address of Church _____

City _____ State _____ Zip _____

E-mail Address _____ Fax (____) _____

3. Name _____

Phone (____) _____ (____) _____

Name of Church _____

Address of Church _____

City _____ State _____ Zip _____

E-mail Address _____ Fax (____) _____

Please submit your Vision/Mission Statement.

I have read and answered all of the question and I understand that any false answers on my part in this application and/or within my verbal interview will be grounds for cancellation of my application and any further processing of this application.

Signature of Applicant _____

Date _____