

Application
CICAP-Covenant Relationship
or
RECAP Network-Covenant Fellowship

Date: _____

Name: _____
Last Middle Int. First

Age: _____

Address: _____
Street, P.O. Box No. Apt. No.

City: _____ State: _____ Zip Code: _____

Contact Information:

Home #: () _____ Work #: () _____

Cell #: () _____ Pager #: () _____

Email Address: _____

Website: _____

Marital Status: Married Single Divorced Separated

Spouse's Name _____
Last Middle Int. First

Child(ren) Name(s)	Age
_____	_____
_____	_____
_____	_____
_____	_____

1. What is your ministry title or position?

2. Spouse's ministry title or position.

3. Name of your ministry or church. Please include address and phone number.

4. What is your church ministry or organizational background? Give denomination.

5. Are you still affiliated with any other organization? If yes, please list.

Yes **or No**

6. Was your departure amicable? **Yes** **or No**

Please state briefly reason of departure.

7. Do you believe the Bible to be the inerrant word of God? **Yes** **or No**

If no, please explain. (Explain on separate sheet)

8. Do you believe Apostles and Prophets are for us today? **Yes** **or No**

If no, please explain. (Explain on separate sheet)

9. Do you believe in the gifts of the Holy Spirit and that there manifestations are for the edifying of the body? **Yes** **or No**

If no, please explain. (Explain on separate sheet)

10. If your answer to any of the above questions was **no**, are you willing to hear another Biblically based perspective? **Yes** **or No**

If no, please explain. (Explain on separate sheet)

All ministries desiring covenant or association with CICAP or RECAP must be in agreement with all of the above statements as well as be willing to submit to spiritual discipline for moral or ethical failures. They must also maintain the highest standards of church order and discipline in all areas of church

administration. They must also be willing to support the organization financially on a consistent basis to help provide for the organization and its development.

11. How did you find out about this organization?

12. Are you willing to accept the New Testament pattern for the order of the church?
Yes **or No**

13. Are you willing to submit your ministry to an evaluation to discover shortcomings only for **your** review? **Yes** **or No**

14. What is your ministry calling?

15. How long have you been in ministry?

16. What type of training have you had?

17. From whom or where did you receive it?

18. What is your ministry expectation, and where do you hope to be the next five years in your ministry?

CICAP and RECAP will not operate from a position of legal control over any ministry. We will operate in an advisory capacity. All legal decisions and control shall at be at the local level.

Signature_____

Date_____

This application is for fellowship in **CICAP** or **RECAP**

There is a **\$50.00** application and processing fee for Covenant Fellowship in **CICAP** or membership into the **RECAP** Network. **Application/processing fee must be mailed with application.** (This application/processing fee is non-refundable.)

Please allow 2–4 weeks for acknowledgement and/or acceptance of your application.

Note: All that is involved in CICAP is also involved in RECAP, however all that is involved in RECAP is not in involved in CICAP.

Please mail to: Christ Centered Church, Inc.
RECAP/CICAP
606 “A” Street
Goldsboro, N.C. 27530