



Ministry Membership Application

HIM is an apostolic network committed to fulfilling the Great Commission through church planting, equipping and strengthening leaders, and advancing the justice mandate

A member considers HIM as their primary apostolic covering regardless of denomination or other apostolic network affiliation.

As a network founded on relationship, we desire to get to know all of our applicants. Therefore, these detailed questions are designed to know you, your family, ministry, and the great calling on your life.

To the best of your ability, please complete the following application and submit the following:

- A Current High Resolution Photo of leader
- A **\$250** non-refundable application processing fee

I am applying as:

- A senior leader on behalf of my church
- An itinerate minister on behalf of my ministry
- A founder or director on behalf of my Christian non-profit organization

Personal Information:

Name (or name you go by)

Title/Ministry Position

Street Address

City

State

Zip Code

Country

Date of Birth

Phone Number

Email Address

Gender

Male

Female

Personal Social Media Page

Name of Spouse

Notes About Ministry Membership Privileges

In addition to apostolic alignment, spiritual covering, and pastoral mentoring, our members receive discounts on all HIM Mission Trips, HRock Church Conferences, resources at the HRock Store, and much more.

Personal Information (Continued):

How did you hear about HIM?

Purpose for joining HIM:

Name of HIM director or leader referring you:

List the HRock, HIM, or WLI events you've attended:

Is there any disagreement between you and your spouse regarding your individual callings?
If yes, please explain:

Is your spouse in agreement with your ministry joining HIM?
If no, please explain:

Have you ever been placed on probation or asked to be released from ministry?
If yes, please explain:

Have you ever been convicted of a felony?
If yes, please explain:

Please provide a brief summary of your testimony.

Notes About Ministry Information

This section is to be completed by the leader on behalf of the applying ministry.

Ministry Information:

Name of Ministry

Street Address

City

State

Zip Code

Country

Phone Number

Email Address

Website

Date of
Existence

Annual Operating Budget

Is your ministry registered in the country
where its principal office is located?

If in the USA, please provide the 501C3
registration number.

If no, please explain.

Description of Ministry

Notes About Leader Information

This section is to be completed by the leader who is applying on behalf of their church, ministry,
or organization. Please answer each question to the best of your ability.

Leader's Ministerial Information:

Have you been ordained?

If yes, by which organization?

Have you gone through accredited or non-
accredited Christian training?

If yes, which institution?

Have you been baptized in water?

If no, please explain:

Have you been baptized in the Holy Spirit?

If yes, when and where?

What are your 1 Corinthians 12 spiritual gifts?

What is your primary Ephesians 4:11
spiritual office?

Leader's Ministerial Information Continued:

If you are an itinerate minister or founder of a Christian organization, do you attend church on a regular basis?

If yes, please list and give the pastor's name.

If no, please explain:

Are you and your ministry currently a part of a denomination or apostolic network?

If yes, please list and give the leader's name and title:

Do you currently have an Apostle, Overseer, or Spiritual Parent?

If so, please list the name(s):

Does your ministry embrace and move in the prophetic and supernatural realm?

If no, please explain:

Does your ministry understand the role of an apostle, according to Ephesians 4:11, and is it prepared to openly receive input, ministry, and help when needed?

If no, please explain:

Would your ministry, as a member of HIM, promise to uphold the integrity of the of the office of Pastor or Leader as specified in the Scriptures (1 Tim. 3:1-13, Tit. 1-6-10, 1 Pet. 5:1-7), and to walk openly and in the light according to 1 John 1:5-10, with the Harvest Apostolic Council?

If no, please explain:

Notes About Personal References

Please provide the names of two references in ministry, who you are actively in relationship with. If possible, please include an HIM pastor or member as your references.

Reference 1

Name

Phone Number

Email Address

Brief background of your relationship

Reference 2

Name

Phone Number

Email Address

Brief background of your relationship

Harvest International Ministry

Mission Statement:

Changing Lives, Transforming Cities, and Discipling Nations

Vision Statement:

HIM is an apostolic network committed to fulfilling the Great Commission through church planting, equipping and strengthening leaders, and advancing the justice mandate.

Covenant Commitment:

HIM requires three main commitments from every member:

- 1) That each member be apostolically aligned with the apostle of HIM and the presiding apostolic team.
- 2) That each member makes it a priority to attend our annual LeaderShift Conference in Pasadena, CA.
- 3) That each member financially support HIM, being led by the Spirit and by grace.

Spirit Led Giving and Partnership:

HIM counts on every member to support HIM financially and spiritually through prayer. As you decide how much to give, HIM urges you to seek the counsel of our Lord and to be led by the Holy Spirit.

We have much to do as we bless what we see God doing. Sowing into HIM in a tangible way not only supports numerous missionaries and humanitarian projects around the world, but shows one's covenant to the vision and purpose of HIM and how God has called us together to fulfill the Great Commission.

Church, Ministry, or organization annual spirit-led faith promise to HIM:

Membership Affirmations:

The undersigned officers of the Applicant ministry hereby confirm that, on behalf of the Applicant's ministry, they have read and agree to the Mission Statement, Vision Statement and Membership requirements set forth in this Application.

By signing this Application, I, on behalf of my ministry, have indicated our desire for our ministry to become a part of the HIM network.

We also understand and affirm that this membership, if approved, has a one-year probationary period wherein an HIM representative may visit our church and/or ministry to determine the on-going status of membership.

We affirm that as a member of HIM, the ministry will regularly give according to how the Spirit leads to support HIM.

Can you, on behalf of your, ministry affirm the HIM Statement of Faith (www.harvestim.org), and are you in agreement with the Mission Statement and Vision Statement as set forth above?

If no, please explain:

If HIM obtains information relating to a possible breach by your ministry and a representative of your ministry of the above requirements of your ministry's HIM membership, you authorize HIM and/or its representatives to investigate such information. If, in HIM's sole determination, a breach has occurred, HIM has the right to terminate your ministry's membership with HIM and to be involved in the disciplinary process of any representatives of your ministry within the parameters of your ministry's Articles of Incorporation and Bylaws, without legal recourse to HIM and/or its representatives.

Agree

Disagree

Standard Release Form:

I hereby grant Harvest International Ministry, (hereinafter "HIM") and/or Harvest Rock Church D.B.A HRock Church, (hereinafter "HRC"), or any contractor hired by HIM/HRC permission to utilize my photograph, contact information, and website at any time during the relationship between HIM and myself or ministry/ sphere of influence.

Agree

Disagree

Agree and Affirm the above:

Senior Leader Signature

Date

Printed Name

Title

Associate Leader Signature

Date

Printed Name

Title

Final Checklist:

I have read the HIM statement of Faith online, Mission Statement, Vision Statement, and Covenant Commitment

I have paid the non-refundable application fee

I have uploaded a high resolution headshot

I have agreed to the Standard Release Form

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