The Freedom Church

CANDIDATE APPLICATION

BASIC INFORMATION:

Name of Conference:_____ District:_____

Member of (church):_____

Pastor:_____ Phone:_____

PERSONAL HISTORY:

Name_____

Other names used in past 10 years, e.g. Maiden Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone – home:_____ cell:_____ e-mail:_____

Date of Birth:____/____/____ Birthplace:_____ US Citizen ☐ Yes ☐ No

If not US Citizen: Do you have proof of legal right to live/ work in the United States: ☐ Yes ☐ No

Please provide documentation type here:_____

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

If married provide name/address of spouse_____

_____

Do you have any children ☐ Yes ☐ No if Yes, list names and ages: _____

_____

_____

Have you been married more than once? Yes ☐ No ☐ if yes, number of previous marriages: _____

Years of Elementary School completed _____ ; are you a High School Graduate? Yes ☐ No ☐

If not, do you have a GED certificate? Yes ☐ No ☐

Are you a College Graduate? Yes ☐ No ☐ If yes, give the name of the institution and the degree earned:

_____

Do you have any Seminary Training? Yes ☐ No ☐ If yes, give the name of the institution and the degree earned: _____

Other training (list schools and the amount of years attended, Licenses, certificates, etc.)

_____

_____

Have you had any military service? Yes ☐ No ☐ if yes, from _____ to _____

Your military status is: Active ☐ Reserve ☐ Honorable discharge ☐ Dishonorable discharge ☐

Year in which you were baptized in The AME Zion Church or joined The AME Zion Church: _____

Will you consent to a background check: ☐ Yes ☐ No

If yes, please complete the attached release form and return it to the Presiding Elder's Office.

Candidate Signature:_____ Date:_____

The Freedom Church

AUTHORIZATION TO RELEASE INFORMATION

Local Preachers

This authorization must be completed by local preachers who are being recommended to the Annual Conference

Please read the following statements, sign below, and return to: _____

I understand that as an applicant to preach my trial sermon in the African Methodist Episcopal Zion Church, I will be subject to a background check involving my financial, criminal and educational background. I further understand that this process must be completed and cleared BEFORE I schedule my trial sermon.

I, _____, hereby authorize the duly accredited representative(s) of the African Methodist Episcopal Zion Church bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records.

I hereby release from liability and damage the A.M.E. Zion Church, and individuals acting as agents of the African Methodist Episcopal Zion Church, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

_____ _____

Applicant's signature Date

Printed Name: _____

Date of Birth: _____ Social Security Number: _____

Conference: _____ District _____

Church Membership: _____

****

For Office Use Only

Received By: _____ Date: _____

Presiding Elder Name: _____ District _____

Processed By: _____ Submission Date: _____

Cleared (Check One) ☐ Yes ☐ No (If no, please attach appropriate documentation).

Date Cleared: _____

Comments: _____

The Freedom Church

AUTHORIZATION TO RELEASE INFORMATION

Candidates for Admission to the Annual Conference.

This authorization must be completed by preachers who are being recommended to the Annual Conference who have NOT been screened by the Presiding Elder's District. If you have been screened by the Presiding Elder's District, please submit a written recommendation, indicated that the date and documentation of your screening.

Please read the following statements, sign below, and return to: _____

I understand that as a candidate for Admission to the Annual Conference in the African Methodist Episcopal Zion Church, I will be subject to a background check involving my financial, criminal and educational background. I further understand that this application should be submitted to the Chair of the Committee on Admissions (30) thirty days prior to the opening date of the Annual Conference.

I, _____, hereby authorize the duly accredited representative(s) of the African Methodist Episcopal Zion Church bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records.

I hereby release from liability and damage the A.M.E. Zion Church, and individuals acting as agents of the African Methodist Episcopal Zion Church, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

_____ _____

Applicant's signature Date

Printed Name: _____

Date of Birth: _____ Social Security Number: _____

Conference: _____ District _____

Church Membership: _____

****

For Office Use Only

Received By: _____ Date: _____

Presiding Elder Name: _____ District _____

Processed By: _____ Submission Date: _____

Cleared (Check One) ☐ Yes ☐ No (If no, please attach appropriate documentation).

Date Cleared: _____

Comments:

The Freedom Church

AUTHORIZATION TO RELEASE INFORMATION

Candidates for Admission to the Annual Conference
Preachers from Other Denominations

This authorization must be completed by preachers who are being recommended to the Annual Conference. (Check one):

☐ Candidate from another Methodist Denomination. (Please provide credentials and recommendations from the appropriate Bishop of that Methodist Denomination).

☐ Candidate from another Denomination other than Methodist.

Please read the following statements, sign below, and return to: _____

I understand that as a candidate for Admission to the Annual Conference in the African Methodist Episcopal Zion Church, I will be subject to a background check involving my financial, criminal and educational background. I further understand that this application should be submitted to the Chair of the Committee on Admissions (30) thirty days prior to the opening date of the Annual Conference.

I, _____, hereby authorize the duly accredited representative(s) of the African Methodist Episcopal Zion Church bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records.

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_____ _____

Applicant's signature Date

Printed Name: _____

Date of Birth: _____ Social Security Number: _____

Conference: _____ District _____

Church Membership: _____

****

For Office Use Only

Received By: _____ Date: _____

Presiding Elder Name: _____ District _____

Processed By: _____ Submission Date: _____

Cleared (Check One): ☐ Yes ☐ No (If no, please attach appropriate documentation). Date Cleared: _____

Comments: _____