

# Apostolic League of Ministries

Greetings in the Name of the Lord:

Thank you for your interest in the APOSTOLIC LEAGUE OF MINISTRIES. Attached you will find our Ministerial Plan and Vision Statement, as well as an application for membership in the Apostolic League of Ministries.

There are two levels of involvement in Apostolic League of Ministry:

## **APOSTOLIC OVERSIGHT**

Apostle Cheryl Jackson-Perry will be your apostolic overseer for you and your local church. You will be required to pay your personal tithe to **Shachah World Outreach Ministries** and 2% of your monthly church tithe to **Apostolic League of Ministries**. This will allow you to grow and develop your church.

## **PERSONAL PASTOR**

**Apostle Cheryl Jackson-Perry** will be your personal pastor for those in fivefold ministry who are not currently pasturing a local church. You will be required to pay your personal tithe to **Shachah World Outreach Ministries** and 1% of your monthly ministry tithe to **Apostolic League of Ministries**. This will allow you to have Apostle Perry as your personal covering while you minister to people around the world

Should you desire to become involved with Apostolic League of Ministries, please complete the application in its entirety, and return to:

APOSTOLIC LEAGUE OF MINISTRIES  
21814 Carol  
Sauk Village, IL 60411  
773-272-8026

If we can be of further assistance, please e-mail us at [apostleperry@yahoo.com](mailto:apostleperry@yahoo.com)

Thank you,

Apostle Cheryl Jackson-Perry

# Apostolic League of Ministries

## Application for Membership

Attach a CURRENT PHOTO (head and shoulders only). If both you and your spouse are applying, two separate applications must be completed and individual photographs attached.

PLEASE TYPE or PRINT CLEARLY (If a question does not apply type or print DNA.)

I am applying for:  License  Ordination  Membership (Check one.)

Name

\_\_\_\_\_

Ministry

Name

\_\_\_\_\_

Mailing

Address

\_\_\_\_\_

City,

State,

Zip

Code,

Country

\_\_\_\_\_

Phone

Fax

Email

\_\_\_\_\_

U.S. Citizen:  Yes  No If no, Country of  
Citizenship: \_\_\_\_\_

(If permanent resident alien, please enclose copy of green card.)

Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Marital Status:  Married  Single  Divorced   
 Separated

Name of Spouse \_\_\_\_\_ Spouse: Date of  
Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

How Long Have You Been in Ministry \_\_\_\_\_

How would you describe your ministry \_\_\_\_\_ (Church, Para-Church,  
Ministry, Outreach, Etc.)

If not currently in ministry list the name of the church which you currently  
attend.

\_\_\_\_\_

\_\_\_\_\_

Name of Church Senior Pastor Phone

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip, Country

\_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

PLEASE ATTACH PHOTO

H  
E  
R

## **Apostolic League of Ministries**

If in attendance less than one year, list the name of the church you formerly attended, including pastor's name, address and phone number. Also, list how long you attended and your reason for leaving.

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

(Please identify someone other than a family member whom you have known for more than a year.)

Name

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

Address,  
Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

City State Zip, Country

\_\_\_\_\_

Name, Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Address

\_\_\_\_\_ P P P P \_\_\_\_\_  
\_\_\_\_\_

City State Zip Country

\_\_\_\_\_

Date you were saved: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Were you raised in a Christian home? .Yes \_\_\_\_ .No \_\_\_\_

Denomination:

\_\_\_\_\_

**BRIEFLY relate your conversion experience:**

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

Date you were baptized by immersion: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Date you were baptized with the Holy Spirit with evidence of speaking in tongues: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, 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:

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

Do you currently use tobacco, alcohol or illegal drugs? .Yes \_\_\_\_ .No \_\_\_\_

If yes, please explain on a separate sheet.

Are you familiar with the ministry of Apostle Cheryl Jackson-Perry? .Yes \_\_\_\_ .No \_\_\_\_

### **Apostolic League of Ministries**

Do you have a definite call of God on your life to enter the full-time ministry? . Yes \_\_\_\_ .No \_\_\_\_

If yes, please explain on a separate sheet of paper.

In an effort to understand the type of ministry and the level of your involvement in ministry please attach a one-page typed essay.

Are you presently or have you ever been licensed or ordained? .Yes \_\_\_\_ .No \_\_\_\_

If so, please list the denomination/organization and date credentialed.

(Please attach a copy of credentials.)

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

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Identify the area(s) of fivefold ministry, according to Ephesians 4:11, in which you are called by God:

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Do you agree with the Apostolic League of Ministries Statement of Faith?

.Yes \_\_\_\_ .No \_\_\_\_

(If you disagree with any point, please explain on a separate sheet of paper.)

Why do you want to join ALM and how can ALM help you in your ministry?

Explain: \_\_\_\_\_

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In an effort to understand your vision concerning your ministry, please attach a one-page typed essay.

How did you hear about ALM? \_\_\_\_\_

#### STATEMENT OF TRUTH

I understand all items submitted to ALM as part of the application process become the permanent property of ALM and will not be returned. This application will be held in confidence. Only those persons with a need to know will review

it. I grant ALM and its leadership permission to verify the information provided on this application. I hereby state that all the information contained on this application is correct and true. If ALM is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation.

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Signature Date

Be sure to review your application before mailing. Incomplete applications will be returned to you for completion. Apostolic League of Ministries, 21814 Carol, Sauk Village, IL 60411.

For Office Use Only

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
President Date

# Apostolic League of Ministries

## STATEMENT OF FAITH

**We believe** the Bible to be given by inspiration of the Holy Spirit, infallible, and God's revealed word to man.

**We believe** Scripture teaches there is only one true and living God who has chosen to reveal Himself as Father, Son, and Holy Spirit (Deuteronomy 6:4, Isaiah 43:10-11; Matthew 28:19; Luke 3:22).

**We believe** man is a sinful being in need of redemption (Genesis 1:26-31. 3:1-7; Psalm 51:5; Ecclesiastes 7:29; John 6:44; Romans 5:12-21; 1 Corinthians 2:14).

**We believe** in the virgin birth of Jesus Christ, that He is the Son of God and the son of man, that He came to save man from condemnation of sin by offering His blood as an atonement and making it available to all who exercise faith in Him (Matthew 1:23; Luke 1:31,35; John 3:16; 1 Corinthians 15:3; 1 Corinthians 5:21).

**We believe** that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential (Luke 7:50, 24:47; Romans 10:13-15; 1 Corinthians 1:18; 2 Corinthians 2:15; Ephesians 2:8,9; 2 Timothy 1:9; Titus 2:11, 3:5-7).

**We believe** that the Scriptures ascribe to the Holy Spirit the acts and attributes of an intelligent being, and that the works of God such as creation, inspiration, giving of life, and sanctification are also ascribed to the Holy Spirit (Genesis 1:2; Job 33:4; Mark 3:29; John 16:8,13; Acts 7:51, 10:19, 13:2, 13:4, 16:6; 1 Corinthians 2:11, 6:11,12; Ephesians 4:30; 1 Peter 3:18; 2 Peter 1:21).

**We believe** in the sanctifying power of the Holy Spirit who by indwelling the Christian is enabled to live a holy life (Romans 8:5; Philippians 2:12,13; 1 Thessalonians 4:3; 1 John 2:29).

**We believe** that the baptism in the Holy Spirit is given to believers who ask for it (Joel 2:28; Acts 2:4).

**We believe** that all mankind is subject to the death of the body as a result of original sin. The soul and spirit do not die, but immediately after death enter into a heaven or hell depending upon the acceptance or rejection or acceptance of Jesus Christ as personal Savior (Ecclesiastes 12:7; Romans 5:12; Philippians 1:23).

**We believe** in the bodily resurrection of both the saved and the lost; the saved to everlasting life and the lost without Christ to everlasting damnation (Matthew 24:31-46; Acts 24:15; Revelation 22:11).

**We believe** in the personal, imminent return of our lord and Savior Jesus Christ (Acts 1:11; 1 Thessalonians 4:13-18).

**We believe** the redemptive work of Christ on the Cross provides healing for the human body in answer to believing prayer (Isaiah 53:4,5; James 5:14,15; 1 Peter 2:24).

# Apostolic League of Ministries

## PERSONAL OR MINISTRY RECOMMENDATION

(Applicant, please give personal recommendation to someone you have known for at least three years and the ministry recommendation to your Pastor or someone credentialed (ordained) in full-time ministry.)

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Name of Church or Ministry: \_\_\_\_\_

Your name has been given as a reference for the above person for membership into Apostolic League of Ministries. Serious consideration will be given to your comments: therefore, we ask that you carefully complete this form. Please mail or fax directly to the ALM office at the above address. Please be assured that your comments will be held in strictest confidence.

(1) How long have you known the applicant? \_\_\_\_\_ years  
\_\_\_\_\_ months

(2) Do you feel that you know the applicant well enough to evaluate his/her eligibility for ministry credentials?  
No \_\_\_ Yes \_\_\_ Licensing \_\_\_ Ordination \_\_\_

(3) What is your relationship to the applicant?  
 Friend  Pastor  Other  Casual  Intimate  Professional

(4) How well do you know him/her? (Check one)  
 By name/sight  Fairly well/numerous personal contacts  
 Casually/ few personal contacts  Very close ministry relationship  
 Mentoring relationship

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) In your opinion, does the applicant exhibit a "call" to the ministry?  
 Yes  No  Do Not Know

Explain your answer: \_\_\_\_\_  
\_\_\_\_\_

(6) To your knowledge is the applicant currently involved in active ministry?  
 Yes  No  Do Not Know

(7) Pulpit experience/ preaching and teaching: Well experienced Light experience  
No experience Do not know

(8) Work habits (in the ministry): Very industrious Satisfactory (does more than required)  
Does enough to get by Does less than expected Do not know

(9) Stability / ability to withstand pressure: (check all that apply)  
**Apostolic League of Ministries**

Tolerates pressure well Average tolerance/usually remains calm  
Easily irritated Cannot handle pressure Do not know

(10) Personal organization:  
Conscientious, tidy, clean Fairly neat  
Tends to be disorderly Disorderly and untidy Do not know

(11) Response / attitude toward authority:  
Helpful and cooperative Usually responsive  
Resentful of authority Not cooperative / very resentful of authority Do not know

(12) Marriage and family:  
Attentive to spouse/children Usually stable  
Neglects spouse / children Many uncontrolled periods/unstable

(13) Emotional stability:  
Self-controlled and mature Usually stable  
Moody and changeable Many uncontrolled periods/unstable

(14) Please give your knowledge of the applicant's involvement in church activities ( check one).  
Attends irregularly/shows little interest Cooperative, usually willing to help  
Seldom participates, but attends regularly Enthusiastic and is deeply involved  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(15) To your knowledge is that applicant currently involved in any heresy?  
Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

(16) Having observed this person in the ministry, would you:  
Highly recommend Recommend Recommend with reservations Please list your reservations:  
\_\_\_\_\_  
\_\_\_\_\_

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(17) To aid us in our decision making, please give us your personal comments on the integrity of the applicant:

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(18) List what you consider to be the applicant's strong points. Use a separate sheet if necessary.

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## Apostolic League of Ministries

(19) List what you consider to be the applicant's weak points. Use a separate sheet if necessary.

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(20) Please indicate below your rating / status of the applicant:

	Above <u>Average</u>	Below <u>Average</u>	<u>Average</u>	No chance to observe
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____
Integrity/Honesty	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

(21) Does the applicant have any personality traits which impair his/her relationship with others?

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(22) Please share with us any information you may know about the applicant that would help in our evaluation for membership. Specific incidents or an overall personality appraisal may be given.

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I recommend the applicant for ordination:  Yes  Yes, with reservation  No  
I recommend the applicant for licensing:  Yes  Yes, with reservation  No

Signature: \_\_\_\_\_  
\_\_\_\_\_

Please print your  
name: \_\_\_\_\_

Your age 18-25 26-35 36-50 over 50

Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
\_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

If you are a credentialed minister, please complete the following:

Ministry

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

Your

position: \_\_\_\_\_

Organization you are credentialed  
with: \_\_\_\_\_

Number of years you've held credentials: \_\_\_\_\_

Additional

Comments: \_\_\_\_\_

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

**Thank You! We appreciate your assistance.**