

**Application for Consecration Of
Bishop, Archbishop, Ordination of Priest or Deacon,
Charter Membership**

Evangelistic Apostolic Church Diocese Application



General Instructions

This application is for individuals who seek Consecration, Ordination or Church Charter Membership into the Evangelistic Apostolic Church Diocese. As Deacons, Parish Priests, Chaplain, Bishop, Archbishop, Pastor, Lay Pastor. All who wish to be Consecration or Ordination into the Priesthood.

MUST HAVE BEEN BAPTIZED.

Information requested in this application will be kept confidential.

All Information submitted with this application would be verified independently, So Please, have detailed in providing dates and locations and all other relevant information. Any material misstatement of fact shall be considered deliberate, and shall be Grounds for rejection of this application. Please Print or Type in all information below:

Basic Information Printed:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Secular Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Years _____ Employed There: _____

Do You Make Enough Money to support yourself and Family? Yes ___ No ___

Have You Ever been convicted of a Felony Offense? Yes ___ No ___

If so, describe on a Separate sheet of paper.

Have you ever been convicted of any Misdemeanor Offense? Yes ___ No ___

If so, describe on a Separate sheet of paper.

Has any Court or Institutionalized ever adjudicated you mentally incompetent for any mental illness? Yes ___ No ___
scribe in detail on a separate Sheet of paper. Do you have any kind of an illness that would interfere with your ability to pastor a parish? Yes ___ No ___

Pastoral

What denomination are you currently serving? _____

How long have you been involved with this denomination? _____

What other churches/denominations have you belonged to in the past?

NOTE: [Enclose all copies of any and all college degrees along with this application] Please describe, on separate sheets of paper, your reasons for wanting for Ordination, where you are theologically and how you came to be where you are Theologically. Include also your understanding on the following theological points: The Sacraments, The Real Presence of Christ in the Eucharist, and why You feel you are drawn to it, and any discussions that you have had with your congregation (if any) regarding becoming a Priest into the E.A.C.D. Please take your time and be as detailed as possible.

Are you married? Yes ___ No ___ If so, how long have you been married? _____

If so, will your spouse approve of your ministry in the Evangelistic Apostolic Church Diocese? Yes ___ No ___

Do you have any theological problems with Apostolic Christian Ministry or Personal obstructions that prevent you from full ordination?

Yes If so, please state in detail on a separate sheet.

Do you understand that as an Apostolic Church, the E.A.C.D.

Does Not condone nor officiate same-sex unions, does not ordain homosexual individuals, does not subscribe to gender-neutral language (inclusive language) Bibles, nor any such other innovations and heretical acts? Yes ___ No ___

Do you understand, that as a Priest or Deacon, you will be required to take an oath of loyalty to your diocesan ordinary (Bishop) as his pastoral assistant in ministering to the faithful of the church, and that you must agree to the Code of

Canon Law of the E.A.C.D., in its entirety, and fully support it? Yes___ No___
Do you understand that this Diocese is in unity of other denominational.

Have Liturgy rites? Yes___ No___ **Note:** Such as the Anglican Rite, Roman Rite, Celtic Orthodox Rite, Pentecostal, etc.... This make the Apostolic Rite a One, Holy Apostolic Church in unity of the Apostolic Succession, We are one Brotherhood for Christ.

Financial History

Have you ever filed for bankruptcy? Yes___ No___ so, when? _____

Have you ever been the subject of any civil or criminal action regarding any outstanding debts? Yes___ No___

If so, please state in detail and the outcome on a separate sheet of paper.
Has any church that you personally pastored been the subject of any civil or criminal investigation into any kind of financial wrongdoing, or misappropriation of Funds? Yes___ No___

If so, please indicate, in detail, the problems encountered which initiated the Investigation, as well as the result of the investigation, on a separate paper.
Yes___ No___

Have you ever had to close any church bank account due to problems with If so, please indicate, in detail, the problems encountered which initiated the investigation, as well as the result of the investigation, on a separate sheet of paper.

How many years have you had being in a position of oversight or responsible charge regarding church finances? Yes___ No___

If an audit of your current congregation's/parish's financial records were to be requested, would your Board of Directors be able to provide one? Yes___ No___

Background Information

City:_____ State: _____ Zip:_____

Number of Years at This Address:_____

City:_____ State_____ Zip:_____

Number of Years at This Address:_____

List 2 References of people that know you, Do not include relatives:

Name_____ Phone_____

Name_____ Phone_____

Acknowledgment of Consecration:____ **Ordination:**_____

I understand that by submitting this Application for Consecration or Ordination that I am not guaranteed acceptance. Further I understand that acceptance shall be based, in part and upon background check from the information. I agree to pay the one time application non-refundable fee of **\$50.00 USD** for processing along with this application. **Upon approval candidate must agree to follow all of Diocese Canons.**

Archbishop Ministry License Fee **\$25.USD** ____ Annually yearly renewal

Bishop Ministry License Fee **\$25.USD** ____ Annually yearly renewal

Priest Ministry License Fee **\$25.USD** ____ Annually yearly renewal

Deacon Ministry License Fee **\$25.USD** ____ Annually yearly renewal

Plastic Membership ID Card with photo **Fee 35.USD**____

(**NOTE:** ID CARD IS NOT REQUIRED TO HAVE)

Church Charter Membership: Yes ___ No ___

I agree to an application processing fee **\$75. USD** and pay and an annually yearly renewal Charter Membership fee **\$75. USD** and Due before expired date to renewal. All checks payable to **Good Hope Church** and mailed to:

Abp. John Johnston

3810 Ropers Church Road Lanexa, VA. 23089

Applicant Signature:_____

Date: _____

Any questions contact: **(757) 634-9809**

NOTE: Several ways to pay: **Money Order, PayPal:**
goodhopechurch628@gmail.com or

CashApp to: **\$goodhopechurch**

*** PERSONAL CHECKS ACCEPTED ***

John Johnston

3810 Ropers Church Rd. Lanexa,VA.23089

Fill in form and email: [**abp.johnjohnston@gmail.com**](mailto:abp.johnjohnston@gmail.com)