



ROCK Affiliate Partners: A Kingdom Reformation of Churches Application to Become a ROCK Affiliate Partner Ministry **A**

Dear Pastor,

We are honored that you have heard God's call to you and your ministry to begin the process of becoming a ROCK Affiliate Partner! The Lord has given us a vision of establishing bible-centered, Spirit-filled, community-building ministries throughout the nation in each of the 50 states, and He is showing Himself faithful as progressive, Kingdom-minded ministries from the north, south, east, and west are contacting us about the great opportunity to join our group of affiliates!

What makes us unique?

What makes RAP unique is that it is comprised of ministries that are called to preach the Kingdom of God rather than culture, traditionalism, denominationalism, and church as usual. Those who understand the Kingdom of God understand that ministries today must resist the popular fads and cultural preferences that might come at the expense of complete submission to the order, priorities, and original intent of God for His church. These ministries are driven by a passion to see a manifestation of the Kingdom – that is the reign and rule of God in the hearts of men and the complete submission to His will, even at the expense of setting aside their own!

Our alliance of Kingdom-minded ministries provides fellowship and camaraderie for pastors, in addition to church growth systems, a plethora of ready-made administrative tools, Kingdom-focused curricula, mentoring and guidance by Dr. Dana Carson, technical assistance, comprehensive theological training, impacting worship services by Dr. Carson on your campus, and many other benefits, all characterized by RAP's five-star quality and intentional care.

Who can qualify to become a RAP ministry?

Ministries that will become a part of RAP must meet the following criteria in order to be considered for membership to RAP.

The Senior Pastor and Ministry must be:

- Progressively-minded
- Spiritually-gifted and able
- Full of integrity
- Full of faith
- Of good reputation
- Visionary by nature
- Administratively-minded

Additionally, the ministry must:

- Have a minimum of 50 members if the church is at least three years old
- Have a minimum of 25 members if the church is at least one year old

If you feel that you and your ministry meet the above criteria, please complete the application that follows, and submit it to the RAP administrative office for immediate consideration. Thank you for your time, and may God bless you and your ministry!

In His Service,

Dana Carson, D. Min., Ph.D.
Founder, ROCK Affiliate Partners



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Today's Date: _____

Pastor's Name: Pastor / Dr. / Rev. _____

Ministry Name: _____

Ministry Address: Street Number /Name _____

City _____ State _____ Zip _____

Church Phone: () _____ Fax () _____

Pastor's Mobile: () _____ Home () _____

Pastor's E-mail: _____ @ _____ . _____

Church Website: http://www. _____ . _____

About the Pastor

Gender: Male Female Race/Ethnicity: _____

Date of Birth: _____ / _____ / _____ Marital Status: Single Married Divorced

Number of Years in Ministry: _____ Are You a Founder of the Above Ministry? Yes No

Number of Years as a Pastor: _____ How Long Have You Pastored the Above Ministry? _____

Education: High School /GED BA/BS Master's Doctorate

College or University Attended: _____

Theological Training: _____

About the Ministry

Denomination: _____ Age of Church: _____

Covering or Church Affiliation (*Present or Prior*): _____

Size of Congregation: _____ Staff Size (*if any*): _____ Full-Time _____ Part-Time

Attendance: Sunday AM _____ Sunday PM _____ Midweek _____

What Problems or Frustrations Are You Challenged with Most in Ministry?

With this completed application, please also submit the following:

- Resume of the Pastor
- Two Letters of Recommendation
- Pastor's Statement of Expectations and Ministry Goals

Please fax this completed form to:

ROCK Affiliate Partners ■ ATTN: Dr. Shannon Cormier ■ (281) 281-6534 FAX ■ (281) 388-3704 PH



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REQUEST FOR LETTER OF RECOMMENDATION

APPLICANT: Please complete each of the sections below. Please make additional copies of this form for each person from whom you are soliciting a letter of recommendation.

RAP Applicant Pastor's Name: _____

RAP Applicant Ministry Name: _____

Street Address: _____ City _____ State _____ Zip _____

RAP Applicant's Telephone: _____ Fax: _____

RAP Applicant's E-mail Address: _____ @ _____ . _____

- I waive my rights to review this completed recommendation letter and ask that it be sent directly to RAP.
 I do not waive my rights to review this completed letter of recommendation.

 Applicant's Signature

 Date

RECOMMENDER INFORMATION

After completing the section below, please:

1. Attach this form to your letter of recommendation.
2. Enclose in an envelope, seal, and sign across the back of the seal.
3. Return envelope and letter to applicant OR mail directly to:

ROCK Affiliate Partners ■ ATTN: Dr. Shannon Cormier ■ 415 W. Adoue St. ■ Alvin, TX 77511

Recommender's Name: _____ Phone: _____

Ministry or Organizational Affiliation: _____

How long have you known applicant? _____ In what capacity? _____

Please rate the applicant and his/her ministry in the following areas:

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------------|----------------|-------|---------|----------|-------------------|
| Progressively-minded | | | | | |
| Spiritually-gifted and able | | | | | |
| Full of integrity | | | | | |
| Full of faith | | | | | |
| Of good reputation | | | | | |
| Visionary by nature | | | | | |
| Administratively-minded | | | | | |

 Recommender's Signature

 Date

