

North Charleston Apostolic Center Network Application

For those interested in becoming affiliated with the NCAC Network:

NCAC is an apostolic network committed to fulfilling the Great Commission through Five Fold Activation, equipping and strengthening leaders and advancing Seven Mountain authority. NCAC encourages that all followers of Christ are called to be ministers in their own spheres of influence according to the Seven Mountains of Culture: Family, Religion, Business, Media, Arts/Entertainment, Government and Education.

In addition to apostolic alignment, spiritual covering and monthly mentoring, our members are covered through an organized group of intercessors.

Applicant Information

I am applying as:

- ☐ A Leader on the Religion Mountain
- ☐ A Leader on the Family Mountain
- ☐ A Leader on the Education Mountain
- ☐ A Leader on the Business and Marketplace Mountain
- ☐ A Leader on the Media Mountain
- ☐ A Leader on the Arts and Entertainment Mountain
- ☐ A Leader on the Government Mountain

Personal Information:

Name

Title

Street Address

City

State

Zip Code

Country

Date of Birth

Phone Number

Email Address

Gender

☐ Male

☐ Female

Personal Website and/or Social Media Site

Have you gone through an accredited or Non-accredited Christian training? If yes, which institution?

School Most Recently Attended:

Academic Degrees or Certificates Earned:

Name of Spouse:

Number of Children:

Are you currently with another 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):

Have you been baptized in the Holy Spirit? If yes, when and where?

Do you embrace and move in the prophetic and Supernatural realm? If no, please explain:

Do you understand the role of an apostle according to Ephesians 4:11, and are you prepared to openly receive input, ministry and help when needed? If no, please explain:

What is your primary Ephesians 4:11
Spiritual office?

What are your 1 Corinthians 12
Spiritual gifts?

For Ministerial Licensure Only:

Which level of affiliation are you applying for? (circle one)

Licensure

Ordination

ORGANIZATION INFORMATION

Organization Name: _____

Organization Type: (circle one)

Church

Outreach

Itinerant

Other

How Long Has This Organization Been Established? _____

Mailing Address: _____

Street Address: _____

City: _____

State / Province / Region: _____

ZIP / Postal Code _____

Country: _____

Organization Email: _____

Organization Website: _____

Organization Phone: _____

Home Church (if Ministry is not a church): _____

Pastor Name _____

Phone: _____

What is your present Ministerial Function?: _____

Please describe your salvation experience:

Please provide three references that can speak of your position in ministry:

- | | |
|----------|-------------------|
| 1. Name: | Telephone Number: |
| 2. Name: | Telephone Number: |
| 3. Name: | Telephone Number: |

Please understand that this is an application and NCAC will speak with references and interview each applicant personally and where it is necessary the interview will be conducted by telephone. Once approved to be part of the NCAC Network, each affiliate agrees to relational oversight and to support financially as the Lord directs.

I agree and understand all of the above and have read and agree with the NCAC Statements of Faith and core values found on the NCAC Website: <http://northcharlestonapostoliccenter.com/> and desire to be an affiliate of NCAC.

Signature

Date

Please mail to:

North Charleston Apostolic Center
PO BOX 40655
North Charleston, SC 29423

Or Email to: northcharlestonapostoliccenter@gmail.com

For more information:

Apostle Mark Estes 843-270-7537 or Apostle David McDonald 808-866-7167