

# GLOBAL PROPHETIC APOSTOLIC NETWORK



# GPRAN

We desire to establish an apostolic alignment for existing ministers and ministries to enable the body of Christ to be fully edified and equipped to advance the Kingdom.

Ephesians 2:19-20 "Now therefore ye are no more strangers and foreigners, but fellow citizens with the saints, and of the household of God; And are built upon the foundation of the apostles and prophets, Jesus Christ himself being the chief cornerstone;"

WITH PASTORS HERNANDEZ

**CDP CITY CHURCH**  
**G.P.A.N**  
**LOVE GOD-LOVE PEOPLE**

*We are a prophetic-apostolic movement that was birthed in the heart of God. We have received a mandate from the Lord the likes of Jeremiah 1:10. Appointed over nations and kingdoms to uproot, and destroy the plans of the enemy, but to also build and plant as the Spirit leads us.*

**GLOBAL PROPHETIC-APOSTOLIC NETWORK. (GPAN) A MINISTERIAL NETWORK.**

By joining an apostolic network, ministers and ministries are relationally aligned, edified, and equipped to advance the Kingdom of God.

We desire to establish an apostolic alignment for existing ministers and ministries to enable the body of Christ to be fully edified and equipped to advance the Kingdom.

**Ephesians 2:19-20** “Now therefore ye are no more strangers and foreigners, but fellow citizens with the saints, and of the household of God; And are built upon the foundation of the apostles and prophets, Jesus Christ himself being the chief cornerstone;”

## **Join the GPAN Network**

**GPAN is an Apostolic Network set apart to ordain, commission, and function in other capacities to serve five-fold ministry leaders and churches.**

When joining GPAN, you'll get:

- Monthly Live Training Sessions via Zoom OR In person.
- Training Library Featuring Live Call Replays. Sermon Series.
- Access to an Exclusive Facebook Group for Interaction and Community with Other GPAN Members

**\$20.00 USD (SINGLE) \$35 USD (COUPLES)**

Every month

# GPAN NETWORK APPLICATION

## INSTRUCTIONS:

Please read the requirements above for affiliation with GPAN you are applying for. Then submit this application, along with the appropriate information and references.

If any information is falsified on application, membership can be revoked. All applications are subject to an annual review. You may not apply for membership within the GPAN Network if you are currently affiliated with another network.

Date: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Residence Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_ Office/Work Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
\_ Website (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: ( ) Male ( ) Female

Citizenship: \_\_\_\_\_

ID / Passport #: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Number of  
Children: \_\_\_\_\_ (Please name additional children with ages on the back of this  
page) Name: \_\_\_\_\_

Ages: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Marriage is designed and defined by God as a covenant between one Man and one Woman? Yes ( )  
No ( ) Have you ever been divorced? Yes ( ) No ( ) If yes, how many  
times? \_\_\_\_\_

Year Born Again: \_\_\_\_\_ Year Water Baptized: \_\_\_\_\_

Year Spirit Baptized: \_\_\_\_\_ Home Church Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

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City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail:

\_\_\_\_\_

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Are you the Senior Minister: \_\_\_\_\_ If not, who is:

\_\_\_\_\_

Denomination/Organization Affiliation: \_\_\_\_\_

Independent: ( )

Contact person name and number for Denomination Organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been associated with this  
church: \_\_\_\_\_

If less than one year, list former church:

\_\_\_\_\_

Are you on paid staff at this church: Yes ( ) No ( )

What is your ministry position, or what service do you provide:

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If you are the Senior Minister at this church, give the date you started this church or became its

Senior Minister:

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What is the average Sunday morning attendance of the church? \_\_\_\_\_ If called to the 5-fold Ministry, which is your primary calling? \_\_\_\_\_

Apostle ( ) Prophet ( ) Evangelist ( ) Pastor ( ) Teacher ( )

Are you currently recognized as having the fruit of (works) and walking in the office of this calling, or are you emerging (developing and maturing) into this office?

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If, for example, you are an emerging apostle or emerging prophet, then what other area of ministry has God had you in for preparation?

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When did you first sense a call to the ministry?

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What would you consider your ministry strengths?

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If not called to the 5-fold Ministry, then to what ministry have you been called?

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Please briefly describe what you feel your primary ministry is, and the vision God has given you for it: \_\_\_\_\_

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How are you supported financially?

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Have you ever been a member of a Christian/ Ministry network? Yes ( ) No ( )

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If yes, please state the name of the network: \_\_\_\_\_

Why did you leave the network?

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Was your membership terminated / were you asked to leave the network? Yes ( ) No

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

If yes, please explain: \_\_\_\_\_

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If you are not supported currently from the ministry, then what is your present occupation?

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Have you ever been licensed ( ) or ordained ( )? Yes ( ) No ( )

If yes, then by what church(es) or organization(s) and when?

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Do you presently hold credentials with any organization or denomination?

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Have your credentials ever been revoked or suspended? Yes ( ) No ( ) If yes, please explain:

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Have you ever had any disciplinary action of any sort taken against you by any of the organizations you held credentials? Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a Felony? Yes ( ) No ( ) If yes, please explain:

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Are you a registered sex offender? Yes ( ) No ( ) If yes, please explain:

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With what other religious organizations or ministries have you been in relationship?

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Have you traveled to other nations for ministry yet? Yes ( ) No ( ) If yes, then where:

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If no, do you have a desire to travel to the nations and minister? Yes ( ) No ( )

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• IF YOU HAVE NOT ALREADY BEEN ORDAINED, Are you also seeking 5-Fold Ministry ordination from GPAN? \_\_\_\_\_ If yes, WE WILL HAVE A SEPARATE MEETING TO TALK ABOUT ORDINATION REQUIREMENTS.

Why do you desire to affiliate with Prophetess Luz Hernandez, Pastor Eddie Hernandez and the GPAN Network? \_\_\_\_\_

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Spousal Reference IF APPLYING BY YOURSELF

***If married, a Spousal Reference is required***

How would you define your partner's spiritual life/relationship with the Lord?

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Are you in agreement with your partner's ministry leadership role? Yes ( ) No ( )

Do you have any concerns about your partner's level of integrity in any areas? Yes ( ) No ( )

Personal References

If there is NOT an GPAN member recommending you, then you need to list 3 personal references of pastors/ ministers whom we may contact that have known you for at least 3 years and can personally attest to the validity of your ministry and character.

Name of

Reference: \_\_\_\_\_

\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Residence or Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_ Relationship to Applicant: \_\_\_\_\_

Name of

Reference: \_\_\_\_\_



\_ Address:

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Residence or Mobile Phone: \_\_\_\_\_

E-Mail:

\_ Relationship to Applicant:

Name of

Reference: \_\_\_\_\_

\_ Address:

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Residence or Mobile Phone: \_\_\_\_\_

E-Mail:

\_ Relationship to Applicant:

Name of

Reference: \_\_\_\_\_

\_ Address:

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Residence or Mobile Phone: \_\_\_\_\_

E-Mail:

\_ Relationship to Applicant:

I understand that this application will be held in strict confidence, and that only those with a need to know will review it. I hereby state that all the information on this application is true and correct.

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