



OFFICIAL APPLICATION FOR MINISTERIAL CREDENTIALS WITH THE DISTRICT COUNCIL AND THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD

This form is to be completed by all candidates applying for ministerial credentials for the first time. It is to be returned to the district council office. All questions must be answered clearly and fully. Fill in the form electronically (TAB from field to field), and print it. Or print a hard copy to be completed. If sufficient room is not found on the form for a proper answer to any question, state your answer on a separate sheet of paper.

CREDENTIAL FOR WHICH YOU ARE MAKING APPLICATION:

- ☐ Ordination (if coming from another fellowship)
☐ License
☐ Certificate of Ministry

This application must be accompanied by a fee of \$ _____

Please print

1. Full name _____

2. Address _____

City, State, Zip _____ E-mail _____

Social Security No. _____ Home Phone _____

3. Present county of residence _____ Cell Phone _____

4. Please provide a list of your previous places of residence during the past 5 years (include counties and dates).

(Use additional paper if necessary.)

5. Date of Birth _____ Place of Birth _____

6. Gender Male ☐ Female ☐

7. U.S. Citizen? ☐ yes ☐ no

If you are not a U.S. Citizen, do you have the right to work in the U.S.?

Permanently ☐ yes ☐ no Temporarily ☐ yes ☐ no *Attach a copy of documentation affirming U.S. legal status.*

Type of visa or worker's permit and expiration date _____

8. Present marital status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Date of marriage _____

9. Full name of spouse (if married) _____ Date of Birth _____

10. Have you ever been divorced or had a marriage annulled? ☐ yes ☐ no Spouse ☐ yes ☐ no

If yes, date of divorce/annulment _____

11. Do you have a former spouse still living? ☐ yes ☐ no

Does your spouse have a former spouse still living? ☐ yes ☐ no If yes to either, please give a brief summary.

12. Names and birth dates of children, if any _____

13. Have you (or your spouse) in the past or do you presently hold a ministerial credential with a church, another denomination, or ministerial body? ☐ yes ☐ no Spouse ☐ yes ☐ no

**PLEASE ATTACH
PHOTO**

**To be used in your
permanent records**

14. If your answer to #13 is "yes", please complete the following:
- The name of the denomination or ministerial credentialing body? _____
 - The type of credential held _____
 - The period of time during which the credential was active _____
 - If approved for credentials, are you willing to provide evidence of termination of prior credentials? ☐ yes ☐ no
15. Have you been born again according to John 3:5? ☐ yes ☐ no When? _____
16. Have you been baptized by immersion in water in the name of the Father, the Son, and the Holy Spirit according to Matthew 28:19? ☐ yes ☐ no When? _____
17. Have you received the baptism in the Holy Spirit with the initial physical evidence of speaking in other tongues according to Acts 2:4? ☐ yes ☐ no When? _____
18. Has your spouse been born again according to John 3:5? ☐ yes ☐ no When? _____
19. Has your spouse been baptized by immersion in water in the name of the Father, the Son, and the Holy Spirit according to Matthew 28:19? ☐ yes ☐ no When? _____
20. Has your spouse received the baptism in the Holy Spirit with the initial physical evidence of speaking in other tongues according to Acts 2:4? ☐ yes ☐ no When? _____
21. Of what church are you an official member? _____
22. Type of ministry in which you are presently engaged.
- | | | |
|--|--|--|
| <input type="checkbox"/> Senior Pastor | <input type="checkbox"/> AG World Missionary | <input type="checkbox"/> Evangelist |
| <input type="checkbox"/> Church staff member | <input type="checkbox"/> US Missionary | <input type="checkbox"/> College/Seminary Instructor |
- Other _____
23. Where are you presently serving? _____
24. Describe why you believe that God has called you into the ministry. _____
- _____
- _____
25. Do you fully subscribe to the Statement of Fundamental Truths as contained in the General Council Constitution Article V? ☐ yes ☐ no
26. Do you also publicly proclaim the doctrines set forth in the Statement of Fundamental Truths? ☐ yes ☐ no
27. Are you willing to abide by the Constitution and Bylaws of the General Council and the district council? ☐ yes ☐ no
28. Why do you desire to receive ministerial credentials with the Assemblies of God? _____
- _____
- _____
29. Have you ever filed bankruptcy? ☐ yes ☐ no
If yes, please complete the required form.
30. Are you a member of any secret order? ☐ yes ☐ no If so, which one? _____
31. Have you ever been convicted of a felony? ☐ yes ☐ no
32. Have you ever been accused of, engaged in, or investigated for any sexual misconduct involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, adultery, sexual harassment, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee? ☐ yes ☐ no
33. If the answer to question #31 or #32 is "yes", please provide an explanation on separate paper. Include any relevant court documents.
34. Do you voluntarily consent to a General Council mandated background check including credit history?
☐ yes ☐ no If your answer is no, your application will not be processed.

35. Have you ever been subject to discipline by a religious body? ☐ yes ☐ no
If yes, explain fully on a separate sheet of paper. (Identify each case, when and where each incident occurred, the religious body involved, and the outcome.)
36. Have you ever held credentials with any other district council? ☐ yes ☐ no
If yes, state particulars. _____
37. Have you ever made application for credentials to any other district council and been refused? ☐ yes ☐ no
38. What is your belief and practice regarding tithing? _____

39. Over the past 12 months have you struggled with any issues or life-controlling habits that would hinder your ability to meet the leadership qualifications outlined in 1 Timothy 3:1-7 and Titus 1:5-9? ☐ yes ☐ no

If yes, please explain. _____

40. For the sake of adhering to the highest of ministerial standards, are you willing to abstain from alcohol, tobacco, and gambling as well as pornography, illegal drug use or any sinful behaviors specifically prohibited by Scripture? ☐ yes ☐ no

If no, please explain. _____

41. What Bible or ministry training have you completed?

a. Formal Bible college training? ☐ yes ☐ no Major _____ Degree _____

Name of college/Bible college _____ Semesters completed _____

b. Correspondence courses? ☐ yes ☐ no

Name of school _____ Number of courses completed _____

c. Other training? _____

♦♦ Please attach a copy of your transcripts.

42. Are you willing to cooperate with, and do you fully understand the financial plan of the General Council and district council, and support the Fellowship in all policies and purposes which require united effort for the spread of the gospel at home and abroad? ☐ yes ☐ no

(Upon the issuance of this credential, certified ministers are expected to contribute the sum of \$7.50 per month (\$90 per year), licensed ministers are expected to contribute \$15 per month (\$180 per year), and ordained ministers are expected to contribute \$20 per month (\$240 per year) to the General Council. Please refer to the General Council Bylaws, Article VII, Section 10, paragraph f, pertaining to support of Headquarters. Contact your district office for information regarding their financial policies for ministers.)

43. The principle of voluntary cooperation upon which The General Council of the Assemblies of God is based involves the following:

By **“voluntary”** it is meant that, upon learning the principles, doctrines, and practices of the Assemblies of God, and by seeing the benefits one could derive from being associated with such an organization, persons of their own free choice decide to become members, thus subscribing to all that for which the organization stands.

By **“cooperation”** it is meant that, to the best of one's ability, he or she will comply with all decisions setting forth and defining duties and responsibilities incumbent upon members of the organization, which include active participation, and will respect the will of the majority expressed through democratic processes as long as he or she remains a member.

Hence, **“voluntary cooperation”** means that one of his or her own free will decides to become a cooperating member of the Assemblies of God, this cooperation and participation being obligatory and not optional.

Do you wholeheartedly subscribe to the previous statement concerning voluntary cooperative fellowship?

☐ yes ☐ no

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**ACCOMPANYING THIS APPLICATION FORM IS AN INFORMATION AUTHORIZATION AND RELEASE FORM. PLEASE READ IT CAREFULLY.**

Did you sign it and submit it with this application? ☐ yes ☐ no

Have you also submitted with this application the transcript(s) requested in question #41? ☐ yes ☐ no

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES:**

Give as references the names and addresses of three ordained ministers (preferably Assemblies of God). If the applicant is not a senior pastor, one of the ministers listed as a reference should be the applicant's senior pastor. In addition, please give the names of three friends, at least one of whom is beyond your church acquaintance, and two former employers. It is important that the people listed as references know you well enough to answer such questions as "How would you describe the applicant's spiritual maturity?" and "Was the applicant prompt and regular in work attendance?"

**MINISTERS**

1. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Street City State Zip

2. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Street City State Zip

3. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Street City State Zip

**FRIENDS**

4. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

5. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

6. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**EMPLOYERS**

7. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

8. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

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THIS SECTION TO BE COMPLETED BY DISTRICT OFFICIAL ONLY

OFFICIAL ENDORSEMENT:

Exam Grade: _____ Date of interview by district credentials committee: _____

The _____ District Council approved ☐ did not approve ☐ this candidate on _____, 20____ for recommendation to the General Council for _____

Certificate should be dated: _____

Signed: _____
District Secretary or District Superintendent

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Date approved/not approved by the General Council Credentials Committee: \_\_\_\_\_