

NEW  
APPLICANTS  
ONLY

FOR GENERAL  
OFFICE USE

Approved  
 Denied

# APPLICATION FOR MINISTERIAL CREDENTIALS

PENTECOSTAL CHURCH OF GOD  
PO Box 850, Joplin, Missouri 64802  
Phone: (417) 624-7050



Acct # \_\_\_\_\_

NOTICE TO APPLICANTS: The constitution of the Pentecostal Church of God specifically states that the Word of God shall be our rule of faith and basis of fellowship; endeavoring to keep the unity of the Spirit, until we come to the unity of the faith. Upon this basis, we invite the fellowship and cooperation of everyone whom God calls to labor in His vineyard, and who is walking worthy of his/her call. However, in order that we may have a proper record of our files, it will be necessary that you complete this form. Read the following carefully and ANSWER ALL QUESTIONS. In accepting credentials, the applicant affirms without reservation that he/she understands, and agrees to be governed by, the General Constitution and Bylaws of the Pentecostal Church of God and the constitution and bylaws of the district where membership is maintained.

Date \_\_\_\_\_ Sex \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Date of Conversion \_\_\_\_\_ Place \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Marriage annulled

If married, give date of marriage \_\_\_\_\_ Place \_\_\_\_\_

Full name of your spouse \_\_\_\_\_

Is spouse credentialed with the Pentecostal Church of God?  Yes  No Account # \_\_\_\_\_

Have you been divorced? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ Has your spouse been divorced? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

(If either you or your spouse have been divorced, an additional form, Marriage Questionnaire, must be completed for each divorce and submitted, together with appropriate supporting documents, with this application.)

Credentials for which you are now applying:  Ordination  License  Exhorter

Credentials you now hold:  Ordination  License  Exhorter

Have you held credentials with any other organization?  Yes  No

If yes, what was the name of the organization? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Have you applied to any other district of this organization for credentials?  Yes  No

If so, what district? \_\_\_\_\_

What decision was made concerning your application? \_\_\_\_\_

What training have you had to qualify you for the ministry to which you have been called? \_\_\_\_\_

1. Have you ever been convicted of a felony? .....  Yes  No
2. Have you ever been convicted, indicted or under investigation for child sexual abuse and/or any other criminal sexual conduct? .....  Yes  No
3. Have you ever filed bankruptcy? .....  Yes  No
4. Are you a member of a lodge, a secret order or secret society? .....  Yes  No
5. Do you use intoxicating liquors, narcotics, hallucinogens or tobacco? .....  Yes  No
6. Do you approve of or practice homosexuality or any other form of sexual perversion? .....  Yes  No
7. Do you approve of or practice any form of the occult? .....  Yes  No
8. Have you read the General Constitution and Bylaws? .....  Yes  No
9. Have you read this District's Constitution and Bylaws? .....  Yes  No
10. Are you willing to conform to and abide by the same? .....  Yes  No
11. Have you read the entire Bible (all 66 books)? .....  Yes  No
12. Do you believe all of it? .....  Yes  No

(Continued on reverse side)

- 13. Do you accept our doctrinal position on the Trinity of the Godhead?  Yes  No
- 14. Have all men sinned?  Yes  No
- 15. Is faith in the shed blood of Jesus essential to salvation?  Yes  No
- 16. Do you believe that once saved it is possible to be lost?  Yes  No
- 17. Do you preach and practice water baptism according to Matthew 28:19?  Yes  No
- 18. Can good works alone save a soul from hell?  Yes  No
- 19. Do you believe that speaking in other tongues is the necessary, initial, physical evidence of the Holy Spirit baptism?  Yes  No
- 20. Have you received the Holy Spirit baptism according to Acts 2:4 and Acts 10:44-46?  Yes  No
- 21. Do you preach and teach the same?  Yes  No
- 22. Is the Holy Spirit a divine person?  Yes  No
- 23. Is divine healing in the atonement?  Yes  No
- 24. Do you preach and practice the same?  Yes  No
- 26. Do you believe Jesus will return to rapture His Church before the Great Tribulation?  Yes  No
- 27. Will you preach and abide by the Pentecostal Church of God doctrine?  Yes  No
- 28. Do you pay tithe?  Yes  No
- 29. Will you send tithe regularly in accordance with your district policy?  Yes  No
- 30. Will you fully support both your district and general programs?  Yes  No
- 31. Are you now carrying a full schedule of duties as pastor, evangelist, teacher, etc.?  Yes  No
- 32. If yes, do you intend to continue to do so?  Yes  No

What is your present ministerial position? \_\_\_\_\_  
 Where? \_\_\_\_\_ Of what local church are you a member? \_\_\_\_\_  
 How long have you been attending this church? \_\_\_\_\_  
 How long have you been in active ministry? \_\_\_\_\_  
 How long have you derived your support from the ministry of the gospel? \_\_\_\_\_

**Any answer on this application that is later proven to be false is considered perjury and will result in the automatic forfeiture of your credential.**

*Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I further pledge that I will never file suit or cause of action against the Pentecostal Church of God.*

\_\_\_\_\_  
 Applicant's Signature

Recommended or introduced by: (1) \_\_\_\_\_ (Pastor)  
 (2) \_\_\_\_\_ (Presbyter)  
 (3) \_\_\_\_\_

**TO BE COMPLETED BY DISTRICT**

Approved by the Board of the \_\_\_\_\_ District at a meeting held at \_\_\_\_\_ on \_\_\_\_\_  
 (Place) (Date)

Approved for:  Ordination  License  Exhorter  
 Did applicant have credentials with another organization?  Yes  No  
 If yes, is a letter of recommendation from the former organization attached?  Yes  No  
 Did applicant surrender former credentials?  Yes  No  
 Benefit coverage:  Full  Spousal Note: For full coverage a beneficiary form must be completed and returned with this application.

Signed \_\_\_\_\_  
 District Secretary or Bishop