



#### **APPLICATION FOR MINISTERIAL CREDENTIALS**

PENTECOSTAL CHURCH OF GOD PO Box 211866 Bedford, TX 76095 Phone: (817) 554.5900

FOR GENERAL
OFFICE USE
Approved
Denied
Acct #
Date Rec'd
Date Appr
Approved by

# Proclaiming Bible Truth in Pentecostal Power MISSION: Exalt the Lord, Edify the Church, Evangelize the World

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 in 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.

Bylaws of the Pentecostal Church of God and the constitution and bylaws of the district where membership is maintain	ned.
Please submit application and processing fees in the amount of \$125 to the district office.	
DISTRICT NAME:	
APPLICANT INFORMATION	
Full NameGender	Attach
Address	a recent photograph of yourself
CityStateZip	here.
Telephone ( )Email	
Date of BirthSocial Security #	
Date of ConversionPlace	
Marital Status: Single Married Widowed Divorced Marriage Annulled	
If married, give date of marriagePlace	
Full name of your spouse	
Is spouse credentialed with the Pentecostal Church of God? Yes \( \bigcap \) No \( \bigcap \) Account:	#
Have you been divorced?If yes, how many times?Has your spouse been	en divorced?
If yes, how many times?	
(If either you or your spouse has been divorced, a Marriage Questionnaire must be completed mitted with at least three substantiation documents. One Ministerial, two additional ones with one being	
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 \( \text{No} \)	
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?	

Do you know without a doubt that you are called into Christian ministry?	. $\square$	Yes		No
2. Have you read the General Constitution and Bylaws?		Yes		No
3. Have you read this District's Constitution and Bylaws?		Yes		No
4. Are you willing to conform to and abide by the same?		Yes		No
5. Will you preach and abide by the Pentecostal Church of God doctrine?		Yes		No
6. Have you read the entire Bible (all 66 books)?		Yes		No
7. Do you believe all of it?		Yes		No
8. Do you accept our doctrinal position on the Trinity of the Godhead?	П	Yes		No
9. Have all men sinned?		Yes		No
10. Is faith in the shed blood of Jesus essential to salvation?		Yes		No
11.Do you believe that once saved it is possible to be lost?		Yes		No
12. Do you preach and practice water baptism according to Matthew 28:19?		Yes		No
13. Can good works alone save a soul from hell?		Yes		No
14. Do you believe that speaking in other tongues is the necessary, initial, physical evidence				
of the Holy Spirit baptism?		Yes		No
15. Have you received the Holy Spirit baptism according to Acts 2:4 and Acts 10:44-46?		Yes		No
16. Do you preach and teach the same?		Yes		No
17. Is the Holy Spirit a divine person?		Yes		No
18. Is divine healing in the atonement?		Yes		No
19. Do you preach and practice the same?		Yes		No
20. Do you believe Jesus will return to rapture His Church before the Great Tribulation?		Yes		No
21. Do you pay tithe?		Yes		No
22. Will you send tithe regularly in accordance with your district policy?		Yes		No
23. Do you understand that failure to comply with the tithing rule could mean a forfeiture				
of your credentials?		Yes		No
24. Will you fully support both your district and general programs?		Yes		No
25. Have you ever been convicted of a felony?		Yes		No
	•			
26. Have you ever been convicted, indicted or under investigation for child sexual abuse and/or	П	Yes	П	No
any other criminal sexual conduct?		Yes		No
27. Have you ever filed bankruptcy?				
28. Are you a member of a lodge, a secret order or secret society?		Yes	Ш	No
29. Do you use intoxicating liquors, narcotics, hallucinogens or tobacco?	🗆	Yes		No
30. Do you approve of or practice homosexuality or any other form of sexual perversion?		Yes		No
		Yes		No
31. Do you approve of or practice any form of the occult ?	•			_
32. What is your primary ministry calling? Evangelist Pasto	r 🗌	(	Other	
Explain				
33. Are you a U.S. citizen?	🗆	Yes		No

#### **CHURCH LEADERSHIP**

What local church a	are you currently attendir					
How long have you been attending?						
Are you involved in	full-time ministry through	n the ministries of yo	our Church	?		
For how long?						
Are you involved in active ministry? (Active is defined as weekly involvement)						
For how long?						
	nt ministerial position?					
What are the respo	nsibilities of this position	?				
Are you deriving fin	ancial support from this	position?				
Pastor's Signature_			D	ate		
Sectional Presbyter's SignatureDate					· · · · · · · · · · · · · · · · · · ·	
EDUCATIONAL BA	ACKGROUND					
EDUCATION N	ame and Location of School	Years Attended	Date Com	npleted	Degree Earned	
HIGH SCHOOL						
COLLEGE						
GRADUATE / SEMINARY						
EMPLOYMENT HIS	EMPLOYMENT HISTORY					
COMPANY NAME	SUPERVISOR (Name & Phone Number)	POSITION HI	ELD	(Fro	DATES om mm/yy – To mm/yy)	

Any false information provided by the applicant during the application process will result in the rejection of the application or the automatic forfeiture of the applicant's credential.

Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same as a condition to obtaining and maintaining my credentials. 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 authorize and direct every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Pentecostal Church of God any such information, including but not limited to documents, records, or other information regarding charges or complaints of any kind filed against me, formal or informal, pending or closed, and to permit the above-named Denomination or any of its agents or representatives to inspect and make copies of such documents, records, and other information. This authorization shall expire 90 days after the date of this application. I also agree to execute any new authorization which may be required by the above entities at any time during the term of my credentials. I further authorize the Pentecostal Church of God to disclose to the above described entities any and all information contained in this application or obtained during the application process.

I hereby release, discharge, and exonerate the Pentecostal Church of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Denomination including but not limited to negligence, liable slander or any other intentional sort. The Pentecostal Church of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false, inaccurate or incomplete.

I have read, fully understood and signed the foregoing Authorization and		
Release of my own free act and deed.		
	Applicant's	Signature
The filing of suit against Pentecostal Church of God for any reason shall		
result in forfeiture of the applicant's credentials.	Applicant's	Signature
I further acknowledge that I am not making application for employment with	• •	Cignature
the Pentecostal Church of God, Inc., and the granting of credentials does	•	
not make me an employee of the same.		
	Applicant's	Signature
Give three references. Include 1) pastor; 2) family; and, 3) one other perso *A reference letter from a pastor (signed by a pastor) should accompany the		
Name Address	City/State/Zip	Phone
(1)		
(2)		
(2)		
(3)		
TO BE COMPLETED BY DI	CTRICT	
TO BE COMPLETED BY DR	STRICT	
Approved by the District Board of	<b>-</b> .	
Approved by the Bistrict Board of	Date:	
: Applied for: Ordination  License  Exhorter	Date:	
:	Date:	
Applied for: Ordination License Exhorter Approved for: Ordination License Exhorter		- v - v
: Applied for: Ordination  License  Exhorter   Approved for: Ordination  License  Exhorter   Did applicant have credentials with another organization?		Yes ☐ No
Applied for: Ordination License Exhorter Approved for: Ordination License Exhorter		Yes ☐ No
Applied for:		Yes
Applied for:		Yes ☐ No Yes ☐ No Yes ☐ No Yes ☐ No
Applied for:	Which MSS was c	Yes
Applied for:	Which MSS was c □ (If applicant completed eq	Yes
Applied for:	── Which MSS was c ☐ (If applicant completed equit the MSS Equivalent Form .)	Yes NoYes NoYes NoYes No ompleted?
Applied for:	── Which MSS was c ☐ (If applicant completed equit the MSS Equivalent Form .)	Yes NoYes NoYes NoYes No ompleted?
Applied for:	── Which MSS was c ☐ (If applicant completed equit the MSS Equivalent Form .)	Yes NoYes NoYes NoYes No ompleted?

District Secretary / District Bishop

Signed



### MINISTER'S STUDY SERIES EDUCATIONAL EQUIVALENCY FORM

Applicar	nt's Name:	District:	Date:
	tecostal Church of God requires its ministers t es the following as quality educational opportu		eational requirements and, therefore,
In which	h of the following approved methods o	of study have you partic	cipated?
	PCG Minister's Study Series (Traditional	al Handwritten)	
	PCG Minister's Study Series (Online Co	ourses)	
	Forerunner Experience (Exhorter Only)		
	Messenger College		
	Other		
	(If other, such as a graduate or undergradual provide a copy of the transcript from the sch	ate degree, please also	

In the fields below, please check the appropriate boxes to designate the topics or books you have studied either through one of the PCG approved methods of study or elsewhere.

- \* Denotes those books which are only part of the online version of the Minister's Study Series.
- \*\* Denotes those books which are only part of the traditional version of the Minister's Study Series.

More information about the online courses can be found at pcg.org/courses. Once again, if you have not participated in the Minister's Study Series, then you may simply check the boxes for the topics that you feel may be equivalent to those you have studied elsewhere.

#### - Exhorter Credentials -

Topics of Study	Relevant Books
☐ Spiritual Formation (Calling, God's Presence)	Nearer to God
☐ Doctrine & Theology (Trinitarian Faith, Atonement)	Basic Bible Truth
☐ Biblical Studies (Old and New Testament)	Old Testament Survey I and II New Testament Survey
☐ Pentecostal Distinctives (Spirit Baptism, PCG Values)	What the Bible Says about the Holy Spirit, PCG Beliefs & Bylaws
☐ Practical Leadership (Godly Character, Mission)	Radical*

#### - Licensed Credentials -

Topics of Study	Relevant Books
☐ Spiritual Formation (Disciplines, Family Dynamics)	Celebration of Discipline Truth about the Family Ministerial Ethics**
□ Doctrine & Theology (Defense of Christian Faith)	I Don't Have Enough Faith to be an Atheist*
☐ Biblical Studies (The Gospels, Bible Study)	Four Portraits, One Jesus* Basic Homiletical Studies**
□ Pentecostal Distinctives (PCG History and Values)	Our Story* PCG Beliefs & Bylaws
□ Practical Leadership (Spirit-Led Communication)	Spiritual Leadership How to Prepare Bible Messages*
– Ordained	Credentials –
Topics of Study	Relevant Books
□ Spiritual Formation (Personal and Corporate Formation	Emotionally Healthy Leader*
☐ Doctrine & Theology (Comparative Religions)	Hidden Worldviews*
☐ Biblical Studies (Covenant and Law)	Old Testament Pentateuch*
☐ Pentecostal Distinctives (Christian Tradition, PCG Values)	Church History in Plain Language* PCG Beliefs & Bylaws
☐ Practical Leadership (Working with People and Teams)	21 Irrefutable Laws of Leadership Teams that Thrive* 33 Laws of Stewardship** How to Prepare Bible Messages**



#### **MARRIAGE QUESTIONNAIRE**

Date	Divorce Number				
Full Name	Address				
City and State	Zip				
Date of BirthPlace					
Full Name of Previous Spouse (Maiden Na	(City, County and State)				
Date of Marriage to Prior Spouse	Place				
	(City, County and State)				
Date of the final decree of Divorce	Place				
	(City, County and State)				
Date when you were first saved	Place(City, County and State)				
		_			
Was this divorce previous to your first conf	irmed experience of salvation? Yes	No □			
	your spouse or both committing fornication or Yes	No □			
Was the divorce the result of your unbeliev	ring spouse departing from you, a believer? (1 Corinthians 7:15) Yes $\Box$	No □			
Was the divorce the result of spousal abus	e? (Ephesians 5:25, 28-29) Yes	No □			
Were you the Plaintiff  or the Defenda	int in the divorce?				
Date of your subsequent marriage	Place(City, County and State)				
Is the party to this marriage still your spous	se?	No □			
How would you rate your present marriage	?				
belief of the undersigned subject to the per representations set forth herein are materia	nation and its representations are true and correct to the best knowled nalties of making a false affidavit or declaration. I understand that the al and will be relied upon by the Pentecostal Church of God and I agre hurch of God from any and all claims arising out of my statements ma	ee to hold			
Signed	Date				

Please Note: This form must be completed in full, in duplicate, and filed with your application. If your spouse is divorced, a similar statement must also be filed by your spouse. A separate Marriage Questionnaire must be completed for each divorce from either the minister and/or spouse.



## **Change In Marital Status**

FOR GENERAL OFFICE USE

			☐ Concur ☐ Differ
			Date
Minister's Full Name			Acct #
Minister's Former Name (before	marital status chan	ge)	
Address		City	State Zip
elephone	Email		
WHAT HAS CAUSED THIS CHA			
☐ New Marr Please Explain:	riage $\square$ Divord		•
_			
a <b>NEW MARRIAGE</b> is involve		Ç	
_			
_			
Name of spouse (former or	maiden name, if fe	:male)	
Has your spouse ever bee	n divorced? □Y	es   No If yes	s, how many times?
A marriage questionnaire (	if necessary) for ea	ch divorce should	be attached to this form.
If the <b>DEATH</b> of your spouse is	s involved, please p	provide the date of	f death
		COMPLETED BY THE F A NEW MARRIAGE	
After considering the participa	ants of this marriag	ge change, the Dist	trict Board of the
District in a duly called meeting	ng on		took action to recommend that the credential
☐ REMAIN IN FORCE ☐	BE DROPPED.		
	Signed by Dis	strict Bishop or District Se	ecretary

# PENTECOSTAL CHURCH OF GOD (Incorporated) \_\_\_\_\_ (district) BACKGROUND INVESTIGATION CONSENT

I,its agents to make an independent investigation of my bareducation, credit history, criminal or police records, inclorganizations and all public records for the purpose of cand/or obtaining other information which may be material applicable, during my tenure with the Pentecostal Church	uding those maintained by both public aronfirming the information contained on ral to my qualifications for credentials no	ployment, nd private ny Application
I release the Pentecostal Church of God (Incorporated) a information pursuant to this authorization, from any and information obtained from any and all of the above refer	all liabilities, claims or law suits in regard	
The following is my true and complete legal name and a best of my knowledge:	ll information contained herein is true an	nd correct to the
Printed Name		
Street Address		
City, State, Zip, County		
Email:		
Applicant Signature	Date	
Social Security Number	Date of Birth MM/DY/YEAR	
*NOTE: The above information is required for identifications for employment. The Pentecostal Church Sex, Race, Religion, Age (40 and over), Handicap or Na	of God (Incorporated) does not discrimin	
CA MN & Oklahoma Residents please note: In connecting report will be obtained and reviewed. Under CA & MN report by checking the appropriate box below. Your cred Oklahoma law, you have the right to receive a free copy	law, you have a right to receive a free co dit report will be mailed to you by the cre	py of your credit
YES, I am a California resident and would like a free	copy of my credit report; or	
YES, I am a California resident and would like a free	copy of my investigative consumer repo	ort.
YES, I am a Minnesota resident and would like a free	e copy of my consumer report.	
YES, I am an Oklahoma resident and would like a fro	ee copy of my consumer report.	
District office please note: If the consumer checks "Yes' checks "Yes" regarding the credit report (and you do rec ChoicePoint service center. If consumer checks "Yes" re CA, you will need to provide the individual with a copy	quest a credit report, please fax this form egarding the full consumer report, and co	to your
Account Number: REV 2O21		



### **BANKRUPTCY QUESTIONNAIRE**

N	ame
1.	Have you filed for bankruptcy more than once? Yes No (If yes, a separate questionnaire should be completed for each bankruptcy filed.)
2.	When did you file for this bankruptcy?
3.	Where was the bankruptcy filed?
4.	Was this prior to your first experience of salvation? Yes No
5.	The bankruptcy was for reasons? Personal Business
6.	Under what chapter was the bankruptcy filed?
7.	Why was the bankruptcy filed?
8.	Have you repaid the debts owed at the time of the bankruptcy? Yes No
9.	What you learned from this experience?
۵.	
.31	gned Date

Nai	ne
1.	Have you been convicted of more than one felony? Yes No (If yes, you must complete a separate questionnnaire for each conviction.)
2.	What was the charge for which you were convicted?
3.	What is the date of your conviction?
4.	Was time served? Yes No How much?
5.	When were you released?
6.	Are you now on probation? Yes No
7.	Were you declared guilty of a felony that caused you to be listed on the national registry for your felony? Yes No
8.	Were you saved at the time? Yes No
9.	When were you first converted?
10.	What have you learned from this experience?
<b>n•</b>	Doto

#### **FAMILY REFERENCE FORM**

Pentecostal Church of God. We were referred competent to express a trustworthy opinion of minister of the Gospel. We value your judget time to complete this form as fully as possible regarded as confidential. Please return by: A	ed to you as one who regarding the applica ement and appreciate le and returning it in	is a family me nt's qualificati your cooperati	ons to fill the sacred trust of a on. Thank you for taking the		
1. How are you related to the applicant?					
2. In what capacity do you view your relati	onship with the appli	icant?			
Acquaintance	Casual	Clo	ose		
3. Have you ever been entertained in the ho	me of the applicant?				
Have you ever entertained the applicant i	n your home?				
4. How often have you been with the applic	ant socially?				
Seldom	Occasionally		Frequently		
5. Please check all the words below which y	Please check all the words below which you believe accurately describe the applicant:				
Timid Gentle	Impatient	_ Modest	Impulsive		
Nervous Loving	Tactful	_ Intelligent	Socially Awkward		
Mature Sarcastic	Patient	_ Insecure	Compassionate		
Deliberate Congenial	Stubborn	_ Studious	Verbal		
Kind Selfish	Secure	_ Considerate	Relaxed		
Abrasive Trustworthy	Motivated	_ Organized	Angry		
6. How would you describe the applicant's	marriage?				
Very Well-Adjusted	Strained				
Well-Adjusted	Very Strained				
Adjusted	Don't know				
7. How would you describe the applicant as	a disciplinarian?				
Very Capable	Poor				
Capable	Very Poor				
Average	Don't Know				

. How woul	d you describe the applicant's child	dren?		
Ver	y Well-Behaved	Poorly Behaved		
Wel	l-Behaved	Very Poorly Beh	naved	
Ave	rage	Don't Know		
). How wel	l do you judge the applicant's abili	ity to keep confiden	ice?	
Very	y Good	Poor		
Goo		Very Poor		
Ave	rage	Don't Know		
l. Further c	omments:			
	Name:			
	Address:			
	City	State	Zip	
	Phone	Email		
	Signature of reference			
our prompt	response will be very much apprec	ciated, and will be re	egarded as confident	al information.
ease return	form to the District Office:			
	Address:			

#### FRIEND'S REFERENCE FORM

has made application for ministerial credentials with the Pentecostal Church of God. We were referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the sacred trust of a minister of the Gospel. We value your judgement and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and returning it in the enclosed envelope. Your reply will be regarded as confidential. Please return by: **ASAP.** 1. How long have you known the applicant? 2. In what social context did you meet? 3. In what capacity do you view your relationship with the applicant? Acquaintance \_\_\_\_ Casual Friend \_\_\_\_ Close Friend 4. Have you ever been entertained in the home of the applicant? Have you ever entertained the applicant in your home?\_\_\_\_\_ 5. How often have you been with the applicant socially? \_\_\_\_ Frequently \_\_\_ Occasionally Seldom 6. Please check all the words below which you believe accurately describe the applicant: Timid Gentle Impatient Modest Impulsive \_\_\_\_ Loving \_\_\_\_ Tactful \_\_\_\_ Intelligent \_\_\_\_ Socially Awkward \_\_\_\_ Nervous \_\_\_\_ Mature \_\_\_\_ Sarcastic \_\_\_\_ Patient \_\_\_\_ Insecure \_\_\_\_ Compassionate \_\_\_\_ Deliberate \_\_\_\_ Congenial \_\_\_\_ Stubborn \_\_\_\_ Studious \_\_\_\_ Verbal Kind Selfish Secure Considerate Relaxed \_\_\_\_ Abrasive \_\_\_\_ Trustworthy \_\_\_\_ Motivated \_\_\_\_ Organized \_\_\_\_ Angry 7. How would you describe the applicant's marriage? Very Well-Adjusted Strained Well-Adjusted Very Strained \_\_\_\_ Adjusted \_\_\_ Don't know 8. How would you describe the applicant as a disciplinarian? Very Capable Poor \_\_\_ Very Poor \_\_\_\_ Capable

Don't Know

\_\_\_\_ Average

9. How would you describe the appl	icant's children?
Very Well-Behaved	Poorly Behaved
Well-Behaved	Very Poorly Behaved
Average	Don't Know
0. How well do you judge the appli	icant's ability to keep confidence?
Very Good	Poor
Good	Very Poor
Average	Don't Know
1. Further comments:	
Name:	
	nail
Signature of reference	
Your prompt response will be very n	nuch appreciated, and will be regarded as confidential information.
Please return form to the District Off	ice:
Addr	ress: