



PENTECOSTAL
CHURCH OF GOD

NEW
APPLICANTS
ONLY

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.

DISTRICT NAME: _____

APPLICANT INFORMATION

Full Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____ Email _____

Date of Birth _____ Social Security # _____

Date of Conversion _____ Place _____

Attach
a recent
photograph
of yourself
here.

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 has been divorced, a Marriage Questionnaire must be completed for each divorce and submitted with at least three substantiation documents. One Ministerial, two additional ones with one being a non-family member.)

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? _____

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

CHURCH LEADERSHIP

What local church are you currently attending and where is it located? _____

How long have you been attending? _____

Are you involved in full-time ministry through the ministries of your Church? _____

For how long? _____

Are you involved in active ministry? (*Active is defined as weekly involvement*) _____

For how long? _____

What is your present ministerial position? _____

What are the responsibilities of this position? _____

Are you deriving financial support from this position? _____

Pastor's Signature _____ Date _____

Sectional Presbyterian's Signature _____ Date _____

EDUCATIONAL BACKGROUND

EDUCATION	Name and Location of School	Years Attended	Date Completed	Degree Earned
HIGH SCHOOL				
COLLEGE				
GRADUATE / SEMINARY				

EMPLOYMENT HISTORY

COMPANY NAME	SUPERVISOR (Name & Phone Number)	POSITION HELD	DATES (From 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 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 person not related.

**A reference letter from a pastor (signed by a pastor) should accompany this application.*

Name	Address	City/State/Zip	Phone
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

TO BE COMPLETED BY DISTRICT

Approved by the District Board of _____ Date: _____

:
Applied for:..... Ordination ☐ License ☐ Exhorter ☐

Approved for:..... Ordination ☐ License ☐ Exhorter ☐

Did applicant have credentials with another organization? ☐ Yes ☐ No

If yes, was a letter of recommendation requested? ☐ Yes ☐ No

Is a letter of recommendation included? ☐ Yes ☐ No

Did applicant surrender former credentials?.....' ☐ Yes ☐ No

Did applicant complete the required MSS? Yes ☐ No ☐ Test Score _____ Which MSS was completed? _____

Did applicant complete the equivalent studies to the MSS? Yes ☐ No ☐ (If applicant completed equivalent studies, a transcript of classes must accompany application, or applicant must fill out the *MSS Equivalent Form*.)

Other Information _____

Signed _____

District Secretary / District Bishop



MINISTER'S STUDY SERIES EDUCATIONAL EQUIVALENCY FORM

Applicant's Name: _____ District: _____ Date: _____

The Pentecostal Church of God requires its ministers to have fulfilled certain educational requirements and, therefore, recognizes the following as quality educational opportunities.

In which of the following approved methods of study have you participated?

- ☐ PCG Minister's Study Series (Traditional Handwritten)
- ☐ PCG Minister's Study Series (Online Courses)
- ☐ Forerunner Experience (Exhorter Only)
- ☐ Messenger College
- ☐ Other _____

(If other, such as a graduate or undergraduate degree, please also provide a copy of the transcript from the school you've attended.)

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
<input type="checkbox"/> Spiritual Formation (<i>Calling, God's Presence</i>)	Nearer to God
<input type="checkbox"/> Doctrine & Theology (<i>Trinitarian Faith, Atonement</i>)	Basic Bible Truth
<input type="checkbox"/> Biblical Studies (<i>Old and New Testament</i>)	Old Testament Survey I and II New Testament Survey
<input type="checkbox"/> Pentecostal Distinctives (<i>Spirit Baptism, PCG Values</i>)	What the Bible Says about the Holy Spirit, PCG Beliefs & Bylaws
<input type="checkbox"/> Practical Leadership (<i>Godly Character, Mission</i>)	Radical*

– Licensed Credentials –

Topics of Study	Relevant Books
<input type="checkbox"/> Spiritual Formation <i>(Disciplines, Family Dynamics)</i>	Celebration of Discipline Truth about the Family Ministerial Ethics**
<input type="checkbox"/> Doctrine & Theology <i>(Defense of Christian Faith)</i>	I Don't Have Enough Faith to be an Atheist*
<input type="checkbox"/> Biblical Studies <i>(The Gospels, Bible Study)</i>	Four Portraits, One Jesus* Basic Homiletical Studies**
<input type="checkbox"/> Pentecostal Distinctives <i>(PCG History and Values)</i>	Our Story* PCG Beliefs & Bylaws
<input type="checkbox"/> Practical Leadership <i>(Spirit-Led Communication)</i>	Spiritual Leadership How to Prepare Bible Messages*

– Ordained Credentials –

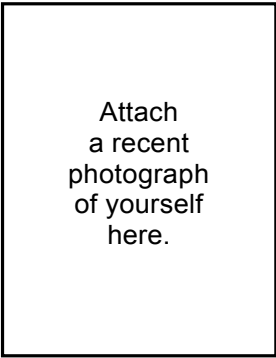
Topics of Study	Relevant Books
<input type="checkbox"/> Spiritual Formation <i>(Personal and Corporate Formation)</i>	Emotionally Healthy Leader* Ministerial Ethics* Pastors at Greater Risk** 7 Secrets of Successful Families**
<input type="checkbox"/> Doctrine & Theology <i>(Comparative Religions)</i>	Hidden Worldviews*
<input type="checkbox"/> Biblical Studies <i>(Covenant and Law)</i>	Old Testament Pentateuch*
<input type="checkbox"/> Pentecostal Distinctives <i>(Christian Tradition, PCG Values)</i>	Church History in Plain Language* PCG Beliefs & Bylaws
<input type="checkbox"/> Practical Leadership <i>(Working with People and Teams)</i>	21 Irrefutable Laws of Leadership Teams that Thrive* 33 Laws of Stewardship** How to Prepare Bible Messages**

Signature: _____ Date: _____

FORERUNNER EXPERIENCE ONLY (to be completed by International Mission Center):

FXP Coach Name:

AVG Test Score:



PENTECOSTAL
CHURCH OF GOD

APPLICATION FOR REINSTATEMENT

PENTECOSTAL CHURCH OF GOD

PO Box 211866 Bedford, TX 76095

Phone: (817) 554-5900

Proclaiming Bible Truth in Pentecostal Power

MISSION: Exalt the Lord, Edify the Church, Evangelize the

FOR GENERAL OFFICE
USE

☐ Approved

☐ Denied

Acct # _____

Date Received _____

Date Approved _____

Approved by. _____

DISTRICT NAME: _____

Applicant Information

Full Name _____ Gender _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Social Security # _____

Date of Birth _____ Place _____ Date of Conversion _____ Place _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Marriage annulled

If married, give full name of spouse _____

Have you had a marriage change since you last held credentials with the Pentecostal Church of God? ☐ Yes ☐ No

If yes, what was the change? ☐ Spouse deceased ☐ Divorce(s) How many? _____ Marriage(s) How many? _____

If this is a new marriage, has your spouse been divorced? _____ If yes, how many times? _____

(If either you or your spouse have been divorced, a Marriage Questionnaire must be completed for each divorce and submitted with at least three Substantiation Documents; One Ministerial, two additional ones with one being a non-family member.)

Name of the district in which you were a member when your affiliation terminated _____

Name of the district through which you are now applying for reinstatement _____

Why did you leave the Pentecostal Church of God? _____

Credentials you held when terminated: ☐ Ordination ☐ License ☐ Exhorter

Credentials for which you are applying: ☐ Ordination ☐ License ☐ Exhorter

Type of ministry in which you are presently engaged: ☐ Pastor ☐ Evangelist ☐ Other

If a pastor _____
(Name of Church) _____ Location _____

What is your primary ministry calling? ☐ Pastor ☐ Evangelist ☐ Other

Explain _____

Did you owe any credential fees when your credentials were terminated? ☐ Yes ☐ No

If so, have these been paid? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted, indicted or under investigation for child sexual abuse
and/or any other criminal sexual conduct? ☐ Yes ☐ No

Have you ever filed bankruptcy? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No

Have you read, and are willing to abide by, the current District and General Bylaws? ☐ Yes ☐ No

Do you, without reservation, fully subscribe to the Pentecostal Church of God doctrinal statement as
contained in the General Constitution and Bylaws, and will you practice and proclaim them from the pulpit? ☐ Yes ☐ No

If your present viewpoint DIFFERS from that of the Pentecostal Church of God, please explain on a separate sheet of paper.

What local church are you currently attending and where is it located? _____

How long have you been attending? _____

Are you involved in full-time ministry through the ministries of your Church? _____ For how long? _____

Are you involved in active ministry? (*Active is defined as weekly involvement*) _____ For how long? _____

What is your present ministerial position? _____

What are the responsibilities of this position? _____

Are you deriving financial support from this position? _____

Pastor's Signature _____ Date _____

Sectional Presbyterian's Signature _____ Date _____

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 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 person not related.

***A reference letter from a pastor (signed by a pastor) should accompany this application.**

Name	Address	City/State/Zip	Phone
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

TO BE COMPLETED BY DISTRICT

Approved by the Board of _____ Date: _____

Applicant was terminated due to _____

Approved for: ☐ Ordained ☐ License ☐ Exhorter

Signed _____
District Bishop or District Secretary



APPLICATION FOR PROMOTION

PENTECOSTAL CHURCH OF GOD
PO Box 211866, Bedford, TX 76095

Proclaiming Bible Truth in Pentecostal Power

MISSION: Exalt the Lord. Edify the Church. Evangelize the World

FOR GENERAL
OFFICE USE

☐ Approved

☐ Denied

Acct # _____

Date Rec'd _____

Date Appr _____

Approved By: _____

DISTRICT NAME: _____

APPLICANT INFORMATION:

Full Name _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Social Security # _____

Date of Birth _____ Place _____ Date of Conversion _____ Place _____

Credential for which you are applying:.. ☐ Ordination ☐ License

Credential you now hold: ☐ License ☐ Exhorter

When did you receive the credential you now hold? _____ / _____ / _____

Have you read the entire bible ((all 66 books))..... ☐ Yes ☐ No

Have you completed the required Ministers Study Series ☐ Yes ☐ No Or its equivalency..... ☐ Yes ☐ No
(If you've completed the equivalency a transcript of classes will be necessary or fill out the MSS Equivalency Form)

Have you had a marriage change since you last promotion?..... ☐ Yes ☐ No
(If yes, you must fill out a Change in Marital Status form)

CHURCH LEADERSHIP

What local church are you currently attending and where is it located? _____

How long have you been attending? _____

Are you involved in full-time ministry through the ministries of your Church? _____ For how long? _____

Are you involved in active ministry? (*Active is defined as weekly involvement*) _____ For how long? _____

What is your present ministerial position? _____

What are the responsibilities of this position? _____

Are you deriving financial support from this position? _____

Pastor's Signature _____ Date _____

Sectional Presbyter's Signature _____ Date _____

TO BE FILLED OUT BY DISTRICT

Approved by the Board of the _____ District at a meeting
held at _____ on _____

Approved for: ☐ Ordination ☐ License

Did applicant complete the required Minister's Study Series?.....Yes ☐ No ☐ MMS Test Score: _____

Did applicant complete the equivalent to the MSS?.....Yes ☐ No ☐

(If applicant has completed equivalent studies, a transcript of classes must accompany application. Or
applicant must fill out the MMS Equivalent Form.)

IF APPLYING FOR PROMOTION TO ORDINATION, COMPLETE THE FOLLOWING:

When is applicant to be formal lordained? _____

Where is applicant to be formally ordained? _____

Who is to be the presiding officer? _____

(Signed: District Secretary or Bishop)



MINISTER'S STUDY SERIES EDUCATIONAL EQUIVALENCY FORM

Applicant's Name: _____ District: _____ Date: _____

The Pentecostal Church of God requires its ministers to have fulfilled certain educational requirements and, therefore, recognizes the following as quality educational opportunities.

In which of the following approved methods of study have you participated?

- ☐ PCG Minister's Study Series (Traditional Handwritten)
- ☐ PCG Minister's Study Series (Online Courses)
- ☐ Forerunner Experience (Exhorter Only)
- ☐ Messenger College
- ☐ Other _____

(If other, such as a graduate or undergraduate degree, please also provide a copy of the transcript from the school you've attended.)

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
<input type="checkbox"/> Spiritual Formation (<i>Calling, God's Presence</i>)	Nearer to God
<input type="checkbox"/> Doctrine & Theology (<i>Trinitarian Faith, Atonement</i>)	Basic Bible Truth
<input type="checkbox"/> Biblical Studies (<i>Old and New Testament</i>)	Old Testament Survey I and II New Testament Survey
<input type="checkbox"/> Pentecostal Distinctives (<i>Spirit Baptism, PCG Values</i>)	What the Bible Says about the Holy Spirit, PCG Beliefs & Bylaws
<input type="checkbox"/> Practical Leadership (<i>Godly Character, Mission</i>)	Radical*

– Licensed Credentials –

Topics of Study	Relevant Books
<input type="checkbox"/> Spiritual Formation <i>(Disciplines, Family Dynamics)</i>	Celebration of Discipline Truth about the Family Ministerial Ethics**
<input type="checkbox"/> Doctrine & Theology <i>(Defense of Christian Faith)</i>	I Don't Have Enough Faith to be an Atheist*
<input type="checkbox"/> Biblical Studies <i>(The Gospels, Bible Study)</i>	Four Portraits, One Jesus* Basic Homiletical Studies**
<input type="checkbox"/> Pentecostal Distinctives <i>(PCG History and Values)</i>	Our Story* PCG Beliefs & Bylaws
<input type="checkbox"/> Practical Leadership <i>(Spirit-Led Communication)</i>	Spiritual Leadership How to Prepare Bible Messages*

– Ordained Credentials –

Topics of Study	Relevant Books
<input type="checkbox"/> Spiritual Formation <i>(Personal and Corporate Formation)</i>	Emotionally Healthy Leader* Ministerial Ethics* Pastors at Greater Risk** 7 Secrets of Successful Families**
<input type="checkbox"/> Doctrine & Theology <i>(Comparative Religions)</i>	Hidden Worldviews*
<input type="checkbox"/> Biblical Studies <i>(Covenant and Law)</i>	Old Testament Pentateuch*
<input type="checkbox"/> Pentecostal Distinctives <i>(Christian Tradition, PCG Values)</i>	Church History in Plain Language* PCG Beliefs & Bylaws
<input type="checkbox"/> Practical Leadership <i>(Working with People and Teams)</i>	21 Irrefutable Laws of Leadership Teams that Thrive* 33 Laws of Stewardship** How to Prepare Bible Messages**

Signature: _____ Date: _____

FORERUNNER EXPERIENCE ONLY (to be completed by International Mission Center):

FXP Coach Name:

AVG Test Score:



MARRIAGE QUESTIONNAIRE

Date_____

Divorce Number_____

Full Name_____Address_____

City and State_____Zip_____

Date of Birth_____Place_____
(City, County and State)

Full Name of Previous Spouse (Maiden Name)_____

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 confirmed experience of salvation?..... Yes ☐ No ☐

Was the divorce the result of either you ☐ your spouse ☐ or both ☐ committing fornication or adultery previous to your divorce? (Matthew 5:32;19:9)..... Yes ☐ No ☐

Was the divorce the result of your unbelieving spouse departing from you, a believer? (1 Corinthians 7:15) Yes ☐ No ☐

Was the divorce the result of spousal abuse? (Ephesians 5:25, 28-29) Yes ☐ No ☐

Were you the Plaintiff ☐ or the Defendant ☐ in the divorce?

Date of your subsequent marriage_____Place_____
(City, County and State)

Is the party to this marriage still your spouse? Yes ☐ No ☐

How would you rate your present marriage?_____

The foregoing is made under oath or affirmation and its representations are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration. I understand that the representations set forth herein are material and will be relied upon by the Pentecostal Church of God and I agree to hold harmless and indemnify the Pentecostal Church of God from any and all claims arising out of my statements made herein.

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.



PENTECOSTAL CHURCH OF GOD

Change In Marital Status

FOR GENERAL
OFFICE USE

☐ Concur

☐ Differ

Date _____

Minister's Full Name _____ Acct # _____

Minister's Former Name (before marital status change) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

WHAT HAS CAUSED THIS CHANGE IN MARITAL STATUS?

☐ New Marriage

☐ Divorce

☐ Death of Companion

☐ Other

Please Explain: _____

If a **NEW MARRIAGE** is involved, please furnish the following information:

Date of current marriage _____

Place of current marriage _____

Name of spouse (former or maiden name, if female) _____

Has your spouse ever been divorced? ☐ Yes ☐ No If yes, how many times? _____

A marriage questionnaire (if necessary) for each divorce should be attached to this form.

If the **DEATH** of your spouse is involved, please provide the date of death _____.

TO BE COMPLETED BY THE DISTRICT IN THE EVENT OF A NEW MARRIAGE AND OR DIVORCE

After considering the participants of this marriage change, the District Board of the _____
District in a duly called meeting on _____ took action to recommend that the credentials

☐ REMAIN IN FORCE ☐ BE DROPPED.

Signed by District Bishop or District Secretary

PENTECOSTAL CHURCH OF GOD (Incorporated) _____ (district)
BACKGROUND INVESTIGATION CONSENT

I, _____ hereby authorize the _____ (district) and/or its agents to make an independent investigation of my background references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentials now and, if applicable, during my tenure with the Pentecostal Church of God (Incorporated).

I release the Pentecostal Church of God (Incorporated) and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

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 identification purposes only, and is in no manner used as qualifications for employment. The Pentecostal Church of God (Incorporated) does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

CA MN & Oklahoma Residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

☐ 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 report.

☐ YES, I am a Minnesota resident and would like a free copy of my consumer report.

☐ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

District office please note: If the consumer checks "Yes" regarding the consumer report, or if a CA consumer checks "Yes" regarding the credit report (and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "Yes" regarding the full consumer report, and consumer resides in CA, you will need to provide the individual with a copy of their consumer report.

Account Number: _____

REV 2021



BANKRUPTCY QUESTIONNAIRE

Name _____

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?

Signed _____ Date _____



PENTECOSTAL
CHURCH OF GOD

FELONY QUESTIONNAIRE

Name _____

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?

Signed _____ Date _____

FAMILY REFERENCE FORM

_____ has made application for ministerial credentials with the Pentecostal Church of God. We were referred to you as one who is a family member of 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 are you related to the applicant? _____

2. In what capacity do you view your relationship with the applicant?

_____ Acquaintance _____ Casual _____ Close

3. Have you ever been entertained in the home of the applicant? _____

Have you ever entertained the applicant in your home? _____

4. How often have you been with the applicant socially?

_____ Seldom _____ Occasionally _____ Frequently

5. 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

9. How would you describe the applicant's children?

____ Very Well-Behaved

____ Poorly Behaved

____ Well-Behaved

____ Very Poorly Behaved

____ Average

____ Don't Know

10. How well do you judge the applicant's ability to keep confidence?

____ Very Good

____ Poor

____ Good

____ Very Poor

____ Average

____ Don't Know

11. Further comments: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature of reference _____

Your prompt response will be very much appreciated, and will be regarded as confidential information.

Please 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?

_____ Seldom _____ Occasionally _____ Frequently

6. 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

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
_____ Capable	_____ Very Poor
_____ Average	_____ Don't Know

9. How would you describe the applicant's children?

____ Very Well-Behaved

____ Poorly Behaved

____ Well-Behaved

____ Very Poorly Behaved

____ Average

____ Don't Know

10. How well do you judge the applicant's ability to keep confidence?

____ Very Good

____ Poor

____ Good

____ Very Poor

____ Average

____ Don't Know

11. Further comments: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature of reference _____

Your prompt response will be very much appreciated, and will be regarded as confidential information.

Please return form to the District Office: _____

Address: _____