

DATE OF APPLICATION: _____

MEMBERSHIP NUMBER: _____

Latin American Council of the Pentecostal Church of God, Inc.
661 Main Street, Hackensack, New Jersey 07601
Tel. 201-881-0097 & 201-881-0098, Fax. 201-881-0099, Email: clany@clany.org

APPLICATION FOR MINISTRY MEMBERSHIP

THIS APPLICATION MUST BE REVIEWED AND SIGNED BY YOUR PRESBYTER. NO APPLICATION WILL BE ACCEPTED WITHOUT THE SIGNATURE OF YOUR PASTOR AND PRESBYTER.

PRESBYTER'S NAME: _____ SIGNATURE: _____

THIS APPLICATION MUST BE SUBMITTED TO THE EXECUTIVE COMMITTEE 30 DAYS PRIOR TO YOUR INTERVIEW.

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION/INFORMATION IN ORDER FOR YOUR MINISTERIAL APPLICATION CAN BE CONSIDERED BY THE EXECUTIVE COMMITTEE FOR MINISTRY CREDENTIALS. **(READ CAREFULLY BELOW)**

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING COPIES:

1. COPY OF DRIVER'S LISENCE OR PASSPORT (OFFICIAL ID)
2. CERTIFICATE OF LAST MINISTERIAL GRADE YOU OBTAINED
3. YOUR CREDIT REPORT
4. CERTIFIED COPY OF YOUR POLICE REPORT

THE INFORMATION YOU PROVIDE TO THE LATIN AMERICAN COUNCIL OF THE PENTECOSTAL CHURCH OF GOD, INC., WILL BE MAINTAINED IN STRICT CONFIDENTIALITY AND WILL ONLY BE SHARED WITH THE EXECUTIVE COMMITTEE FOR MINISTERIAL CREDENTIALS.

NAME OF APPLICANT



PERSONAL INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

If you reside at this address less than 10 years, on a separate sheet, list your home addresses for the last 10 years.

TELEPHONE (HOME): _____ (MOBILE): _____

EMAIL: _____

DATE OF BIRTH (DD/MM/YEAR): _____ / _____ / _____

MARITAL STATUS (SELECT ALL THAT APPLIES):

SINGLE: MARRIED: DIVORCED: WIDOWED:

IF MARRIED, HOW MANY YEARS? _____ IF DIVORCED, WHEN? _____

SPOUSE'S NAME: _____ DATE OF BIRTH: _____ / _____ / _____

IS YOUR SPOUSE A DIVORCEE? YES NO WHEN? _____

NAME OF CHILDREN	AGES	DO THEY LIVE AT HOME?

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NOT, WHAT COUNTRY ARE YOU A CITIZEN OF? _____

DO HAVE THE RIGHT TO WORK IN THE U.S.? YES NO NOT SURE

HAVE YOU EVER BEEN ARRESTED? YES NO NOT SURE

IF ARRESTED, ON A SEPARATE SHEET OF PAPER, PLEASE PROVIDE DETAILS ABOUT THE CHARGES BROUGHT AGAINST YOU AND BRIEF DETAILS OF THE EVENT.

AS A RESULT OF THE ARREST, WERE YOU FOUND GUILTY? YES NO

IS THE CASE STILL PENDING? YES NO

EDUCATIONAL HISTORY: (SEMINARY, BIBLIE INSTITUTE, UNIVERSITY, COLLEGE)

NAME OF INSTITUTIONS	YEARS ATTENDED	CERTIFICATE/DIPLOMA EARNED

DO YOU HAVE A PROFESSIONAL LICENSE? YES NO

(DOCTOR, NURSE, LAWYER, ACCOUNTANT, ELECTRICIAN, PLUMMER, ENGINEER, ETC.)

PLEASE GIVE A BRIEF HISTORY OF YOUR EMPLOYMENT:

TIME CONVERTED: CHURCH/PLACE WHERE YOU HAD THIS EXPERIENCE:

ARE YOU AN ORDAINED MINISTER? YES NO MINISTERIAL LEVEL:

IF YES, WHAT ORGANIZATION ORDAINED YOU?

HAVE YOU EVER PASTORED? YES NO

PLEASE GIVE A BRIEF HISTORY OF YOUR MINISTERIAL EXPERIENCE:

DO YOU BELIEVE IN THE BAPTISM OF THE HOLY SPIRIT ACCORDING TO ACTS 2:4 & MARK 16:17? YES NO HAVE YOU HAD THIS EXPERIENCE? YES NO

WHAT MOVES YOU TO FILL OUT THIS APPLICATION?

PROVIDE **TWO** MINISTRY REFERENCES AND **ONE** PERSONAL REFERENCE THAT ARE WILLING TO PROVIDE INFORMATION ABOUT YOU.

NAME	ADDRESS	TELEPHONE

ARE YOU WILLING TO COOPERATE IN MINISTERIAL UNITY AND GOOD COMMUNION AMONG THE CHURCHES AND ACTIVITIES OF THE ORGANIZATION? YES NO

ARE YOU WILLING TO ATTEND OUR MONTHLY MINISTER'S MEETINGS, CONFERENCES, OFFICIAL CONVENTIONS AND ACTIVITIES? YES NO

DO YOU BELIEVE IN THE DOCTRINE OF TITHE AS THE BIBLICAL MEANS OF SUSTAINING THE HOUSE OF GOD? YES NO DO PRACTICE IT? YES NO

DOES YOUR WIFE SHARE IN YOUR MINISTERIAL CALLING? YES NO

DOES YOUR WIFE HAVE A SEPARATE MINISTERIAL CALLING? YES NO

DO YOU HAVE ANY HEALTH PROBLEMS THAT CAN IMPAIR YOUR ABILITY TO FUNCTION IN THE MINISTRY? YES NO IF YES, PLEASE EXPLAIN.

BY SIGNING THIS APPLICATION, I AFFIRM THAT ALL INFORMATION PROVIDED IS THE TRUTH AND I UNDERSTAND THAT IF ONE OF THE ANSWERS IS FALSE, IT MAY BE CAUSE TO REJECT MY APPLICATION AND DENY ME CREDENTIALS AS A MINISTER OF THE LATIN AMERICAN COUNCIL OF THE PENTECOSTAL CHURCH OF GOD, INC.

APPLICANT'S SIGNATURE

PASTOR'S SIGNATURE (IF APPLICANT IS A LAY PERSON)

BELOW THIS LINE – FOR OFFICIAL USE ONLY

CREDENTIAL COMMITTEE MEMBERS THAT REVIEWED THIS APPLICATION

DATE OF INTERVIEW: / /

OFFICIALS THAT INTERVIEWED THE APPLICANT

DATE APPLICANT WAS APPROVED: / /

MINISTRY GRADE GIVEN: _____

I, _____, applicant to the ministry of the Latin American Council of the Pentecostal Church of God, Inc. (LAC), accept credentials of the LAC. I agree to comply with all the content of the constitution and regulation of the LAC. I have received a copy of the constitution and regulations of the LAC. _____ (Initials)

By accepting credentials as a minister of the LAC, I undertake, if I am installed in a church or if I am already pastoring a church, that the real estate and furniture of any church under my charge are owned by the church and any attempt to appropriate any furniture and real estate of the church can be a crime and may be a cause for the church to file a lawsuit against me. The above-mentioned act, is also cause for the LAC to revoke my credentials. I understand that without credentials as a LAC minister, I can not be a pastor of any church affiliated with the LAC.

APPLICANT'S SIGNATURE

 / /
DATE

SIGNATURES OF WITNESSES

