



The Pentecostal Assemblies of Canada

# APPLICATION FOR MINISTERIAL CREDENTIALS

Dear Applicant

Thank you for applying for ministerial credentials with The Pentecostal Assemblies of Canada.

Enclosed, you will find an application which requests various aspects of information. This CONFIDENTIAL information will assist us in understanding your life and ministry journey in preparation for credentialed ministry.

Our overall purpose for collecting information is to assess your academic, spiritual, emotional and relational qualities for credential leadership.

After all questions have been fully answered, this application should be returned to the **district office**. (The addresses for the district offices are listed in this application.) This, and any other, application forms must be completed prior to an interview being scheduled with the District Credentials Committee. The District Credentials Committee will make final recommendation on each application to the District Conference or District Executive. Upon district approval, the National Credentials Committee will issue the credentials.

# PAOC DISTRICT AND BRANCH OFFICES

Please send to the attention of "Clergy Records" in the appropriate District / Branch Office below.

## BRITISH COLUMBIA & YUKON DISTRICT

20411 Douglas Crescent  
Langley, British Columbia V3A 4B6  
Phone: (604) 533-2232 Fax: (604) 533-5405  
E-mail: [office@bc.paoc.org](mailto:office@bc.paoc.org)

## EASTERN ONTARIO DISTRICT

Box 337; 9421 County Rd #2  
Cobourg, Ontario K9A 4K8  
Phone: (905) 373-7374 Fax: (905) 373-1911  
E-mail: [info@eod.paoc.org](mailto:info@eod.paoc.org)

## ALBERTA & NORTHWEST TERRITORIES DISTRICT

200 - 10585 - 111 Street  
Edmonton, Alberta T5H 3E8  
Phone: (780) 426-0018 Fax: (780) 420-1318  
E-mail: [info@abnwt.paoc.org](mailto:info@abnwt.paoc.org)

## QUEBEC DISTRICT

839 rue La Salle  
Longueuil QC J4K 3G6  
Phone: (450) 442-2732 Fax: (450) 442-3818  
E-mail: [info@dq.paoc.org](mailto:info@dq.paoc.org)

## SASKATCHEWAN DISTRICT

3488 Fairlight Drive  
Saskatoon, Saskatchewan S7M 3Z4  
Phone: (306) 683-4646 Fax: (306) 683-3699  
E-mail: [paocsk@sasktel.net](mailto:paocsk@sasktel.net)

## MARITIME DISTRICT

Box 1184; 72 Golf Street  
Truro, Nova Scotia B2N 5H1  
Phone: (902) 895-4212 Fax: (902) 897-0705  
E-mail: [maritimepaoc@ns.aliantzinc.ca](mailto:maritimepaoc@ns.aliantzinc.ca)

## MANITOBA & NORTHWESTERN ONTARIO DISTRICT

187 Henlow Bay  
Winnipeg, Manitoba R3Y 1G4  
Phone: (204) 940-1000 Fax: (204) 940-1009  
E-mail: [ruth@paoc.net](mailto:ruth@paoc.net)

## SLAVIC CONFERENCE

445 Stevenson Road North  
Oshawa, Ontario L1J 5N8  
Phone: (905) 576-3584 Fax: (905) 576-3584  
Email: [paocmuravski@rogers.com](mailto:paocmuravski@rogers.com)

## WESTERN ONTARIO DISTRICT

3214 South Service Road  
Burlington, Ontario L7N 3J2  
Phone: (905) 637-5566 Fax: (905) 637-7558  
E-mail: [reception@wodistrict.org](mailto:reception@wodistrict.org)

## FINNISH CONFERENCE

2570 Bayview Avenue  
Toronto, ON M2L 1B3  
Phone: (416) 222-2291 Fax: (416) 222-3356  
Email: [pkorpela@gmail.com](mailto:pkorpela@gmail.com)

### FINAL CHECK LIST

- Application form (completed, signed and enclosed)
- Credential Questionnaire
- Ministerial Code of Ethics (read, signed and enclosed)
- Fee of \$100.00 (enclosed) \*\*Note: \$25 is non-refundable should application be refused\*\*
- Previously held credential (copies enclosed)
- Theological academic transcripts (enclosed)
- Transferees, see section 17(b) attachments
- Police records check within the last year (copy enclosed)
- Notify referees
- If applicable*, legal decree(s) of divorce (copy enclosed)
- If applicable*, a court's decision for custody of children and child support (copy enclosed)

# APPLICATION FOR MINISTERIAL CREDENTIALS

Please PRINT all responses.

## 1. CREDENTIAL INFORMATION

Date of Application: \_\_\_\_\_

Are you:  applying for ministerial credentials  transferring from another denomination

Name of organization: \_\_\_\_\_

Indicate the credential for which you are applying:

Ordained  Licensed Minister  Recognition of Ministry  Church Related

District of Applicant: \_\_\_\_\_

## 2. GENERAL INFORMATION

a) Full name (as should appear on certificate): \_\_\_\_\_  
First Initial Last

b) Email Address: \_\_\_\_\_ Gender:  M  F

c) Street Address: \_\_\_\_\_ Phone: Home (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

e) Birth date (M/D/Y): \_\_\_\_\_ Citizen (Country): \_\_\_\_\_  
Month Day Year

f) Birthplace: \_\_\_\_\_ Province and Country: \_\_\_\_\_

## 3. APPLICANT'S CURRENT MARITAL STATUS (Indicate all categories that apply)

a) Applicant's Current Marital Status

Single  Married  Widow/Widower  Divorced  Remarried  Marriage annulled – civil only

b) If currently married, please complete the following:

Date of Marriage: (M/D/Y): \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
Month Day Year

c) Are you married to someone who is remarried?  Yes  No

d) If you are divorced and remarried, is your former spouse living?  Yes  No

If you answered "yes" to either of the preceding two (2) questions, please be sure to complete the form entitled "Divorce and Remarriage Credential Application" in its entirety.

## 4. CURRENT SPOUSE (Indicate all categories that apply)

I, hereby, give permission for my personal information to be shared on my spouse's Ministerial Credential Application with PAOC.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

a) Full name: \_\_\_\_\_  
First Initial Last

b) If PAOC credential holder, the credential number is: \_\_\_\_\_ Gender:  M  F

c) Birth date (M/D/Y): \_\_\_\_\_ Citizen (Country): \_\_\_\_\_  
Month Day Year

## 5. CHILDREN

a) Names and birth dates of your children:

NAME	BIRTH DATE			NAME	BIRTH DATE		
	Month	Day	Year		Month	Day	Year

b) Write a short statement about your views on the discipline of children. \_\_\_\_\_

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c) What part does prayer play in your home?

- |                                          |                                        |                                            |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Prayer at meals | <input type="checkbox"/> Devotions     | <input type="checkbox"/> Infrequent prayer |
| <input type="checkbox"/> Bedtime prayer  | <input type="checkbox"/> Crisis prayer | <input type="checkbox"/> No prayer         |

## 6. OTHER DEPENDENTS AND RELATIONSHIPS *(If no dependants, proceed to next question)*

Name	Relationship	Age

## 7. EDUCATION

a) Secondary Schooling

NAME	DATE GRADUATED			DIPLOMA
	Month	Day	Year	

b) Post-secondary schooling

NAME	DATE GRADUATED			DIPLOMA
	Month	Day	Year	

c) Bible College or Seminary

NAME	DATE GRADUATED			DIPLOMA
	Month	Day	Year	

d) Ministerial correspondence course

If you are an undergraduate, please indicate number of courses completed: \_\_\_\_\_

NAME	DATE GRADUATED			DIPLOMA
	Month	Day	Year	

**Note: Please send copies of transcripts of your Bible College, University, Seminary, Correspondence Course, and/or any other applicable academic studies with your application.**

e) List major extra curricular activities during secondary or post-secondary education: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

f) List any class offices held: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**8. CURRENT CHURCH / MINISTRY INVOLVEMENT**

a) Church or organization: \_\_\_\_\_

b) Are you on staff?  Yes  No If "yes", what is the date of your appointment? \_\_\_\_\_

If "yes", what is your position? \_\_\_\_\_

Full time  Part time  Volunteer Hours per week in ministry \_\_\_\_\_

c) Describe your ministry role and function in your current position. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. EARLY HOME ENVIRONMENT**

a) Were you exposed to the teaching of God's Word in the home during your formative years?  Yes  No

b) Describe the early spiritual influences or events that led to your application for ministry? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

c) Characterize the impact of your home environment, giving examples of how it influenced your life. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

d) How have you, or would you manage tragedies or disappointments in your life? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



d) Which church did you attend *while* in Bible College / Seminary / University?

Name: \_\_\_\_\_ How many times a week did you attend? \_\_\_\_\_

What activities were you involved in? \_\_\_\_\_

\_\_\_\_\_

e) Which church did you attend *prior* to Bible College / Seminary / University?

Name: \_\_\_\_\_ How many times a week did you attend? \_\_\_\_\_

What activities were you involved in? \_\_\_\_\_

\_\_\_\_\_

f) When and where were you baptized in water by immersion according to Matthew 28:19? \_\_\_\_\_

\_\_\_\_\_

g) When and where did you receive the baptism with the Holy Spirit with the initial evidence of speaking in tongues? \_\_\_\_\_

\_\_\_\_\_

## 12. MINISTRY

Please describe briefly:

a) Your definition of leadership \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Your definition of worship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Your ministry, gifts, skills and strengths \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Your vision for ministry \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 13. FELLOWSHIP LOYALTIES

a) Why do you desire to be affiliated with PAOC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Have you read the provided documents?

The *General Constitution and By-Laws* of PAOC:

Yes  No

The *District Constitution and By-Laws* (your district):

Yes  No

The *Local Church Constitution and By-Laws* (or the constitution of a PAOC church):

Yes  No

*Ministerial Code of Ethics*:

Yes  No

c) Are you willing to abide by the general and district constitutions and to help local congregations implement the principles of the *Local Church Constitution and By-Laws*?  Yes  No

d) Do you understand and agree to be governed by the provisions of By-Law 10 of the *General Constitution and By-Laws* of PAOC?  Yes  No

e) Do you fully subscribe to the *Statement of Fundamental and Essential Truths*, as contained in the *General Constitution and By-Laws*?  Yes  No

f) Do you not only believe the *Statement of Fundamental and Essential Truths*, but will you publicly proclaim its truths from the pulpit?  Yes  No

g) Are you willing to cooperate with the financial plans of the general and district conferences and support the fellowship in all policies and purposes, personally, and in your church which require united effort for the spread of the gospel at home and overseas?  Yes  No

h) The principle of voluntary cooperation, upon which PAOC functions, involves the following:

By “voluntary” it is meant that, upon learning the principles, doctrines, and practice of PAOC and by seeing the benefits one could derive from being associated with such an organization, a person, of his/her own free choice, decides to become a member, thus subscribing to all that for which the organization stands.

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

Hence “voluntary cooperation” means that one, of his/her own free will, will decide to become a cooperating member of PAOC, this cooperation being obligatory and not optional.

Do you subscribe to the above statements concerning “voluntary cooperation” and declare that you understand how “voluntary cooperation”, so defined, is viewed as a fundamental attitude and principle in the operation of PAOC?  Yes  No

i) Will you be faithful to the sacred trust of the ministry by diligence, by uprightness in business matters, by ministerial ethics and courtesy, by self-sacrifice, by purity, by avoiding the very appearance of evil, by cherishing the anointing of the Holy Spirit?  Yes  No

j) If at any time you should adopt any views which may, in any way, be contrary to the teaching held by PAOC, before advancing the same, either privately or publicly, will you first take the matter up with your district superintendent or the district executive?  Yes  No

k) If, in the event of such differing views, a satisfactory understanding cannot be reached, will you voluntarily surrender your credentials with PAOC and quietly withdraw in order to prevent divisions within the fellowship and its churches?  Yes  No

**14. PERSONAL INTEGRITY**

- a) Are you aware of anything in your past which, if brought to light, could bring reproach on the cause of the Gospel?  Yes  No
- b) Do you understand that a credential holder will be subject to discipline in the event that offenses have been committed for which criminal charges have been laid?  Yes  No
- c) Have you ever engaged in conduct which could result in legal charges being laid against you (e.g. child abuse)?  Yes  No

**15. FINANCES**

- a) Briefly describe your current financial situation, noting whether you tithe and / or give beyond a tithe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Please outline your views and experience on personal budgeting and money management. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) What consideration are you giving for your retirement future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. PREVIOUS APPLICATIONS/CREDENTIALS**

- a) Have you ever applied for, or held, ministerial credentials with another organization or denomination?  Yes  No
- b) Have you ever applied for, or held, ministerial credentials with another district of PAOC?  Yes  No
- c) If the response to one (or both) of the above questions is “yes”, please give particulars noting name of credential held and with what organization:

ORGANIZATION	CREDENTIAL HELD	DESCRIPTION OF CREDENTIAL

## 17. TRANSFERS FROM OTHER CHURCH ORGANIZATIONS

*This section is to be completed only by those who are transferring into PAOC from other organizations or denominations.*

a) What grade of credential do you now hold \_\_\_\_\_ valid from \_\_\_\_\_ to \_\_\_\_\_

If ordained, the Date of Ordination (M/D/Y) \_\_\_\_\_  
Month Day Year

b) As required by the *General Constitution and By-Laws*, a copy of your:

1. Current Credential Card, and
2. Ordination Certificate (if applicable) must be attached.

Are you able to meet this request?  Yes  No

If "No", please explain: \_\_\_\_\_

c) If you are granted a credential with PAOC, will you surrender any other credential you may have with another religious organization?  Yes  No

## 18. POLICE RECORD CHECK (must be attached)

Date Conducted (must be within last 12 months): \_\_\_\_\_

## 19. REFERENCES (must be mailed to your district office)

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?" If you are presently on a ministry staff, one of the ordained minister references must be from the Senior Pastor.

<b>Senior / Lead Pastor</b>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Faculty Member or Ordained Minister</b>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Church Leader Chosen by Pastor</b>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Board Member</b>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Secular Employer</b> <i>(if applicable)</i>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Church Member</b>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Internship Pastor</b> <i>(if applicable)</i>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

<b>Leader of Former Denomination</b> <i>(if applicable)</i>	<b>Name</b>		
	<b>Street Address</b>		
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
	<b>Phone</b>	<b>Email</b>	

## 20. WAIVERS

### SPOUSAL WAIVER

I declare that to the best of my knowledge the information provided in this application is correct and true, and further, recognizing that the information on the Credentials Reference Forms remains confidential between the referee and Credentials Committee of PAOC, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by the referees whose names are provided on this Application for Ministerial Credentials.

**Signature of Spouse** \_\_\_\_\_ **Date** \_\_\_\_\_

### APPLICANT'S WAIVER

Recognizing that the information on Credentials Reference Forms remains confidential between the referee and the Credentials Committee of PAOC, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by those whose names I provide.

I declare that to the best of my knowledge all of the foregoing information is correct and true, and further agree to abide by the commitments made in this application.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_