



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

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

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

QUEBEC DISTRICT

839 rue La Salle
Longueuil QC J4K 3G6
Phone: (450) 442-2732 Fax: (450) 442-3818
E-mail: 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

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

MANITOBA & NORTHWESTERN ONTARIO DISTRICT

187 Henlow Bay
Winnipeg, Manitoba R3Y 1G4
Phone: (204) 940-1000 Fax: (204) 940-1009
E-mail: 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

WESTERN ONTARIO DISTRICT

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

FINNISH CONFERENCE

2570 Bayview Avenue
Toronto, ON M2L 1B3
Phone: (416) 222-2291 Fax: (416) 222-3356
Email: 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 (including the Vulnerable Sector Search) 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. _____

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 (including the Statement of Fundamental and Essential Truths): 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 abide by the provisions of the current version of the *General Constitution and By-Laws* of PAOC? Yes No

e) Do you personally 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) Do you agree to abide by the Minister's Code of Ethics? Yes No

h) 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

i) 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

j) 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

k) 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

l) 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.

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

Faculty Member or Ordained Minister	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

Church Leader Chosen by Pastor	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

Board Member	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

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

Church Member	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

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

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

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** _____



MINISTERIAL CODE OF ETHICS FOR CREDENTIAL HOLDERS OF THE PENTECOSTAL ASSEMBLIES OF CANADA

PERSONAL STANDARD

1. The minister should be ever conscious of their high and sacred calling. (2 Timothy 4:1-5)
2. The minister should give diligent attention to the personal practice of biblical disciplines (1 Timothy 6:11-12), and to the personal development of the fruit of the Spirit. (Gal 5:22-23)
3. The minister should give adequate time to develop and maintain a spiritual readiness for faithfully discharging their ministerial responsibilities. (2 Timothy 2:15)
4. The minister should be diligent in prayer and in the reading of the Scriptures, and in personal development that would enhance effectiveness in ministry.
5. The minister should fulfill their ministerial duties using their God-given abilities and skills. (1 Timothy 4:12-16)
6. The minister should maintain a high moral standard in both speech and conduct. (1 Timothy 6:1-10)
7. The minister should strive to ever be commendable in manners and modest in appearance. (1 Timothy 3:1-7; 4:12)
8. The minister should always conduct financial and business transactions in a manner that is above reproach.
9. The minister should strive to give leadership in discipline and conduct in their home and manage their family with consistency. (1 Timothy 3:8-13)
10. The minister should adequately care for their own physical, emotional and psychological well-being.

PARTNERSHIP STANDARD

1. The minister is a representative of The Pentecostal Assemblies of Canada and should seek to reflect and enhance its good reputation at all times.
2. The minister should respect the offices of the fellowship's district and national leadership and seek to cooperate with district and national initiatives.
3. The minister should seek to enhance, and not disparage, the work of both their predecessor and successor.
4. The minister should endorse principally those global workers and initiatives of The Pentecostal Assemblies of Canada and, subsequently, agencies and partnerships that have been so approved.
5. The minister should steadfastly keep guard over their congregation and refrain from giving ministry privileges to any questionable persons.
6. The minister should seek to be engaged in community activities that serve to enhance their good testimony and not interfere with other essential ministerial duties. (Acts 6:1-4)
7. The minister should refrain from any form of interference in the affairs of another assembly.
8. The minister should actively engage in methods of evangelism and outreach that would honour the Lord and the core values of The Pentecostal Assemblies of Canada also respecting the ministry of neighbouring assembly.

PASTORAL STANDARD

1. The minister should accept their calling as a sacred obligation and faithfully perform those duties.
2. The minister should recognize their responsibility as a spiritual shepherd to all their flock and to those who have no shepherd. (1 Peter 5:1-4)
3. The minister should regard service and ministry as primary and remuneration and rewards as secondary.
4. The minister should never violate the confidence of those who seek help, except where disclosure is mandated by law.
5. The minister should seek to guard their church's good reputation in the community and its testimony to unbelievers.
6. The minister should take a leading interest in the local church property, seeing that it is kept in proper repair without creating burdensome financial obligations.
7. The minister should see that true and accurate church records are kept at all times.
8. The minister should be actively involved in mission activities, locally, nationally and internationally. (Acts 1:8)

I, hereby, have read, and abide by, the standards outlined in this document:

Signature: _____ Date: _____

EMPLOYER'S REFERENCE

(Please return in the enclosed envelope.)

_____ has made application for ministerial recognition with The Pentecostal Assemblies of Canada. We are referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to serve as a minister in The Pentecostal Assemblies of Canada. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible. Your reply will be regarded as confidential.

(NOTE: The authorization and release signatures of the applicant are on file at the district office. These guarantee that the applicant will not be aware of your response.)

1. How long did the applicant work for you? _____

2. Was the applicant dependable in work assignments?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> Seldom | |

3. Was the applicant prompt and regular in work attendance?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> Seldom | |

4. What was the general opinion of fellow workers regarding the applicant?

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Favourable | <input type="checkbox"/> Favorable | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Very Unfavourable | <input type="checkbox"/> Unfavorable | <input type="checkbox"/> Don't Know |

5. How well did the applicant relate to those in authority?

- | | | |
|---|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Extremely Well | <input type="checkbox"/> Very Well | <input type="checkbox"/> Well |
| <input type="checkbox"/> Poorly | <input type="checkbox"/> Very Poorly | |

6. Please check off the words below that you believe to best describe the applicant's disposition:

- | | | | |
|---|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mild-mannered | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Congenial | <input type="checkbox"/> Disciplined | <input type="checkbox"/> Patient | <input type="checkbox"/> Hard-working |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Friendly | <input type="checkbox"/> Talkative | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized |

7. Would you, without hesitation, rehire the applicant if he/she applied for work?

- Yes No

8. Any further comments: _____

Signed: _____ Dated: _____ Position: _____

Please Print your Name: _____ Company Name: _____

Applicant's Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____

The above applicant is applying for ministerial credentials with The Pentecostal Assemblies of Canada. We understand you are acquainted with the applicant and able to express a trustworthy opinion regarding the applicant's qualifications to fill the sacred trust of a minister of the Gospel. We value your judgment and appreciate your cooperation. **Thank you for taking the time to complete this form as fully as possible. Please return it to the district office that the applicant is applying to** (please ask the applicant for the correct mailing address). The authorization and release signatures of the applicant and spouse are on file at the district office. These guarantee that the applicant will not be aware of your response.

1. a. **How well do you know the applicant?** Friend Acquaintance Pastorally Professionally
 - b. **Are you related to the applicant?** Yes No
 - c. **How long have you known the applicant?**
 - d. **Date of last meaningful contact:**
2. **How frequently does the applicant attend church?** Regularly Occasionally Seldom Don't know
3. **In your opinion, does the applicant actively participate in the life of the church?**

Always Often Seldom Never Don't know
4. **How would you describe the applicant's marriage?**

Adjusted Well Adjusted Very Well Adjusted Strained Very Strained Don't know Not Married
5. **How would you describe the applicant as a disciplinarian?**

Average Capable Very Capable Poor Very Poor Don't know No Children
6. **How would you describe the applicant's children?**

Average Well Behaved Very Well Behaved Poorly Behaved Very Poorly Behaved

Don't know No Children
7. **If you assigned the applicant responsibilities, would you indicate his/her response by checking (✓) the appropriate number on the scale below?**

	Very				Not Very		Don't know
Teachable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
Loyal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
Sincere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
Dependable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
Able to Inspire Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
Capable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>

8. **How would you describe the applicant's spiritual maturity? Please check (✓)**

	Very				Not Very		Don't know
Maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>
9. a. **Was the applicant's call into ministry evident to you?** Yes No Don't know
 - b. **If so, how?** _____

10. Please check all the words below which you believe accurately describe the applicant: (cont. on page 2)

- | | | | | | |
|---------|--------|-----------|------------------|-------------|-------------|
| Timid | Gentle | Impatient | Modest | Impulsive | Abrasive |
| Nervous | Loving | Tactful | Socially Awkward | Intelligent | Trustworthy |

Mature	Sarcastic	Patient	Angry	Insecure	Motivated
Deliberate	Congenial	Stubborn	Studious	Verbal	Organized
Kind	Selfish	Secure	Considerate	Relaxed	Compassionate

11. How well do you judge the applicant's ability to keep confidences?

Average Good Very Good Poor Very Poor Don't know

12. Would you, without hesitation, recommend that the applicant be granted credentials for ministry?

Yes With Reservation No Don't know

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Name of Spouse: _____

13. a. How well have you known the applicant's spouse?

Friend Acquaintance Pastorally Professionally

b. Are you related to the applicant's spouse? Yes No

14. How frequently does the spouse attend church? Regularly Occasionally Seldom Don't know

15. In your opinion, does the spouse actively participate in the life of the church?

Always Often Seldom Never Don't know

16. How would you describe the spouse as a disciplinarian?

Average Capable Very Capable Poor Very Poor Don't Know No Children

17. If you assigned the spouse responsibilities, would you indicate his/her response by checking (✓) the appropriate number on the scale below?

	Very					Not Very	Don't know
Teachable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>
Loyal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>
Sincere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>
Dependable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>
Able to Inspire Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>
Capable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>

18. How would you describe the spouse's spiritual maturity? Please check (✓)

	Very					Not Very	Don't know
Maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> 5	<input type="checkbox"/>

19. Please check all the words below which you believe accurately describe the applicant's spouse:

Timid	Gentle	Impatient	Modest	Impulsive	Abrasive
Nervous	Loving	Tactful	Socially Awkward	Intelligent	Trustworthy
Mature	Sarcastic	Patient	Angry	Insecure	Motivated
Deliberate	Congenial	Stubborn	Studious	Verbal	Organized
Kind	Selfish	Secure	Considerate	Relaxed	Compassionate

20. How well do you judge the applicant's spouse's ability to keep confidences?

Average Good Very Good Poor Very Poor Don't know

For any further comments, please feel free to attach additional pages.

Signed: _____ Dated: _____