

The Pentecostal Assemblies of Canada

APPLICATION FOR MINISTERIAL CREDENTIALS

Dear Applicant,

Thank you for applying for either ministerial credentials with or a transfer of credentials into 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 Executive. Upon district approval, the National Credentials Committee will issue the credentials.

Mail/Email policy: As a credentialed member of The Pentecostal Assemblies of Canada, your name will be included on both our electronic and hard-copy mailing lists. You will receive communication from our office related to your credentials, as well as ministry information to keep you informed about the vision and mission of the Fellowship as a whole, including related departments, events, and initiatives.

Directory Listing: The name, address, phone number, place of ministry, ministry title and credential level of all active and retired credential holders is listed in the PAOC directory. According to the PAOC Privacy Policy, the list of credential holders is issued for the use of PAOC credential holders only.

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

ALBERTA & NORTHWEST TERRITORIES DISTRICT

12140 - 103 Street NW

Edmonton, Alberta T5G 2J9

Phone: (780) 426-0018 Fax: (780) 420-1318

E-mail: credential@abnwt.com

SASKATCHEWAN DISTRICT

604 Webster Street

Saskatoon, Saskatchewan S7N 3P9

Phone: (306) 683-4646 Fax: (306) 683-3699

E-mail: paocsk@sasktel.net

MANITOBA & NORTHWESTERN ONTARIO DISTRICT

187 Henlow Bay

Winnipeg, Manitoba R3Y 1G4

Phone: (204) 940-1000 Fax: (204) 940-1009

E-mail: lori@paoc.net

WESTERN ONTARIO DISTRICT

3214 South Service Road Burlington, Ontario L7N 3J2 Phone: (905) 637-5566 E-mail:

credentials@wodistrict.org

EASTERN ONTARIO & NUNAVUT 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

QUEBEC DISTRICT

839 rue La Salle

Longueuil QC J4K 3G6

Phone: (450) 442-2732 Fax: (450) 442-3818

E-mail: info@dq.paoc.org

MARITIME DISTRICT

Box 1184; 72 Golf Street

Truro, Nova Scotia B2N 5H1

Phone: (902) 895-4212 Fax: (902) 897-0705

E-mail: info@maritimepaoc.org

SLAVIC CONFERENCE

118 Ninth Street

Toronto, Ontario M8V 3E4 Phone: (905) 242-5982

Email: oleg.stepus@paoc.org

FINNISH CONFERENCE

2570 Bayview Avenue Toronto ON M2L 1B3 Phone: (416) 222-2291

| CHECK LIST |
|--------------------------------------------------------------------------------------------------------------------------|
| Application form (completed and signed) including Passport style photo (attached) |
| Credential Questionnaire (Part A and B) |
| Ministerial Code of Ethics (read and signed) |
| Fee of \$100.00 **Note: \$25 is non-refundable should application be refused** |
| Official theological academic transcripts |
| Confirmation of Ministry Appointment form |
| Police records check (including Vulnerable Sector Search) within the last year (original) |
| Send reference form to each referee (they are to return it to the District directly) |
| If applicable, previously held credential |
| If applicable, transferees, see section 17(b) attachments. |
| If applicable, supplementary form requesting an exemption for Ministry Related – Provisional, relative to Spirit baptism |

APPLICATION FOR MINISTERIAL CREDENTIALS

Please PRINT all responses.

| 1. | CREDENTIAL INFORMATION | | | | |
|-----|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|--|--|
| | Date of Application: | | | | |
| | Are you: $\ \square$ Applying for initial ministerial credentials | | | | |
| | ☐ Transferring from another denomination/organization | | | | |
| | If applying for initial ministerial credentials, indicate the credential level: | | | | |
| | ☐ Licensed Minister ☐ Recognition of Ministry ☐ M | linistry Related | | | |
| | | • | | | |
| | If transferring, please indicate denomination / organization: | | | | |
| | Current level of credential held with denomination / organize | ation: | | | |
| | District of Applicant: | | | | |
| 2. | GENERAL INFORMATION | | | | |
| a) | Full name (as should appear on certificate): | Initial Last | | | |
| b) | Email Address: | | | | |
| c) | | | | | |
| C) | City: | Work () | | | |
| | Province: Postal Code: | Cell () | | | |
| d) | | | | | |
| | Birth date (M/D/Y): Month Day Year | | | | |
| e) | Birthplace: | Province and Country: | | | |
| f) | Are you legally eligible to work in Canada? | ☐ Yes ☐ No* | | | |
| | * If NO, do not proceed to complete this application with | out consulting your District representative. | | | |
| g) | What is your first language? | _ h) Are you proficient in: ☐ English ☐ French | | | |
| :\ | | | | | |
| i) | Is a translator assisting you in completing this application? | ☐ Yes ☐ No | | | |
| j) | Will a translator be accompanying you to the interview? | ☐ Yes ☐ No | | | |
| 3. | APPLICANT'S CURRENT MARITAL STATUS (Indicate all | categories that apply) | | | |
| a) | | Surname (if applicable): | | | |
| | ☐ Single☐ Married☐ Widow/Widower☐ Engaged - Planned wedding date: | Divorced Remarried | | | |
| | | | | | |
| b) | If currently married, please complete the following: Date of Marriage: (M/D/Y): | Place of Marriage: | | | |
| Min | Month Day Year isterial Credential Application 3 | - | | | |

| c) | Are you married or engaged to someone who | o is divorced | ? | | | ☐ Yes | □ No |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|----------------------------------------------------------------|---------------------|------------|-------------|
| d) | If you are divorced and remarried, is your for | rmer spouse | living? | | | ☐ Yes | □ No |
| e) | If you are divorced and remarried, is the form | ner spouse of | your current | spouse liv | ing? | □ Yes | □ No |
| • | ou answered "yes" to any of the preceding throtact credentials@paoc.org to request the suppler | | * | | | plication. | |
| 4. | CURRENT SPOUSE (Indicate all categories | s that apply) | | | | | |
| App | nereby, give permission for my personal in plication with PAOC. nature of Spouse: | | | | | | |
| _ J | | | | | | | |
| a) | Current Spouse's Full Name: | F | rst In | itial | Last | | |
| | If PAOC credential holder, the credential num | | | | | er: 🗆 F | \square M |
| c) | Birth date (M/D/Y): | | _ Citizen (Co | untry): | | | |
| | Month Day | Year | | | | | |
| 5. | HOME LIFE | | | | | | |
| a) | Which of the following are a part of your pers | _ | | | | | |
| | ☐ Devotions/Bible reading | ☐ Prayer at : | maale | Intrea | HANT NESVAE | | |
| | □ Padtima prover □ | • | | | uent prayer | | |
| b) ' | • • | ☐ Crisis pra | yer | ☐ No pra | ayer | | |
| b) ' | ☐ Bedtime prayer ☐ Write a short statement about your views on | ☐ Crisis pra | yer | ☐ No pra | ayer | | |
| b) ' | • • | ☐ Crisis pra | yer | ☐ No pra | ayer | | |
| b) \ | • • | ☐ Crisis pra | yer | ☐ No pra | ayer | | |
| b) | • • | ☐ Crisis pra | yer | ☐ No pra | ayer | | |
| | • • | ☐ Crisis pragethe raising of | yer children inclu | □ No pra | ayer discipline: | needed): | : |
| | Write a short statement about your views on a | ☐ Crisis pragethe raising of | yer children inclu hild(ren) <i>(attac</i> | □ No pra | ayer discipline: | | |
| | Write a short statement about your views on | ☐ Crisis pragethe raising of | yer children inclu hild(ren) <i>(attac</i> | □ No pra | ayer discipline: | needed): | |
| | Write a short statement about your views on a | ☐ Crisis pragethe raising of | yer children inclu hild(ren) <i>(attac</i> | □ No prading their | ayer discipline: | | |
| | Write a short statement about your views on a | ☐ Crisis pragethe raising of | yer children inclu hild(ren) <i>(attac</i> | □ No prading their | ayer discipline: | | |
| | Write a short statement about your views on a | ☐ Crisis pragethe raising of | yer children inclu hild(ren) <i>(attac</i> | □ No prading their | ayer discipline: | | |
| c) | Write a short statement about your views on a short statement about your views of a short statement your vie | Trisis pray | hild(ren) (attac Date | □ No prading their ch addition te of Birth Day | ayer discipline: | | |
| | Write a short statement about your views on a short statement about your views of a short statement about your views of a short statement your views of a short statement your views of a short statement your views of a shor | Trisis pray | hild(ren) (attack Date Month | □ No prading their ch addition te of Birth □ Day eed to next | ayer discipline: | Female | e/Male |
| c) | Write a short statement about your views on a short statement about your views of a short statement your vie | Trisis pray | hild(ren) (attac Date | □ No prading their ch addition te of Birth □ Day eed to next | ayer discipline: | | e/Male |
| c) | Write a short statement about your views on a short statement about your views of a short statement about your views of a short statement your views of a short statement your views of a short statement your views of a shor | Trisis pray | hild(ren) (attack Date Month | □ No prading their ch addition te of Birth □ Day eed to next | ayer discipline: | Female | e/Male |

| 7. | EDUCATION (PLEASE INCLUDE OFFICIA | L TRANSCI | RIPTS) | | | |
|------------|---------------------------------------------------|--------------|------------|---------------|-----------------------------|--|
| a) | Secondary: | | | | | |
| | School's Name Date Graduated Highest Grade Comp | | | | | |
| | ochoor's Name | Month | Day | Year | riighest Grade Completed | |
| | | | | | | |
| | | | | | | |
| b) | Post-secondary: | | | | , | |
| | School's Name | | ate Grad | uated | Certificate/Diploma/Degree | |
| | | Month | Day | Year | Commond, D. Promia, Dog. Co | |
| | | | | | | |
| | | | | | | |
| ℃ / | Bible College or Seminary: | | | | | |
| c) | Bible College of Seminary. | - | Nata Caad | vete d | | |
| | School's Name | | Date Grade | | Certificate/Diploma/Degree | |
| | | Month | Day | Year | | |
| | | | | | | |
| | | | | | | |
| ٩/ | Distance Education and Correspondence Pro | aromoi | | | | |
| d) | Distance Education and Correspondence Pro | _ | Date Grad | uated | | |
| | School's Name | Month | Day | Year | Certificate/Diploma/Degree | |
| | | Month | Day | Tour | | |
| | | | | | | |
| | | | | | | |
| | | 1 | • | • | | |
| e) | If you are in an undergraduate or graduate p | rogram, ple | ase indic | ate number o | of courses completed: | |
| No | te: Please send official transcripts of your Bib | la Callaga | University | v Sominory | Correspondence Courses and | |
| NO | or any other applicable academic studies | | | • | Correspondence Courses, and | |
| | of any other apphoasic academic studies | with your a | ppiloation | | | |
| f) | If applicable, list major extra-curricular activi | ities during | secondar | y or post-sec | condary education: | |
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| g) | If applicable, list any class offices held: | | | | | |
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| 8. | CURRENT CHURCH / MINISTRY INVOLVEMENT |
|------|------------------------------------------------------------------------------------------------------------------------------|
| a) | Do you have a constitutionally qualifying appointment in ministry as outlined in By-Law 10.2? $\ \square$ Yes $\ \square$ No |
| lf y | ves, complete section below: |
| | i) Name of church or organization: |
| | ii) What is the date of your appointment? |
| | iii) What is your position? |
| | □ Full time □ Part time □ Volunteer Hours per week in ministry |
| | iv) Describe your ministry role and function in your current position or provide job description: |
| | |
| | |
| b) | What church do you currently attend? |
| | Name: |
| | Address: |
| | Is it affiliated with PAOC? ☐ Yes ☐ No Are you a member? ☐ Yes ☐ No |
| | How long have you been attending? How many times a month do you attend? |
| | Pastor's name: |
| | Pastor's phone: Pastor's email: |
| | Have you discussed this application with your Pastor? ☐ Yes ☐ No |
| c) | What church activities are you involved in? |
| | |
| d) | Which church did you attend while in Bible College / Seminary / University? |
| | Name: City / Town: |
| | How many times a week did you attend? |
| | What activities were you involved in? |
| e) | Which church did you attend <i>prior</i> to Bible College / Seminary / University? City / Town: |
| | Name: How many times a week did you attend? |
| | What activities were you involved in? |
| | |
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| 9. | EARLY HOME ENVIRONMENT |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| a) | Were you exposed to the teaching of God's Word in the home during your formative years? $\ \Box$ Yes $\ \Box$ No |
| b) | Describe the early spiritual influences or events that led to your application for ministry? |
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| c) | Characterize the impact of your home environment, giving examples of how it influenced your life: |
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| d) | How have you, or would you manage tragedies or disappointments in your life? |
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| 10. | HEALTH HISTORY |
| | HEALTH HISTORY uld you be aware of any health issues that may adversely affect your ministry as a credential holder? |
| Wo | |
| Wo | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? |
| Wo | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes $\ \square$ No |
| Wo | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes $\ \square$ No |
| Wo | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes $\ \square$ No |
| Wo | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes $\ \square$ No |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes □ No yes," please explain: |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |
| Wo □ ` If "; | uld you be aware of any health issues that may adversely affect your ministry as a credential holder? Yes |

| then and where were you baptized in water by immersion according to Matthew 28:19? Then and where did you receive Spirit baptism with the sign of tongues according to Acts 2:4? (If seeking aptism please include the supplementary form requesting a Ministry Related – Provisional exemption) MINISTRY e describe briefly: bur definition of leadership: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| then and where did you receive Spirit baptism with the sign of tongues according to Acts 2:4? (If seeking aptism please include the supplementary form requesting a Ministry Related – Provisional exemption) MINISTRY e describe briefly: bur definition of leadership: |
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| our definition of worship: |
| our definition of worship. |
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| our ministry gifts, skills and strengths: |
| our ministry girts, skiils and strengths. |
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| d) | Your vision for ministry: | | _ | | | |
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| 40 | EELLOWGUID LOVALTIES | | | | | |
| 13. a) | FELLOWSHIP LOYALTIES Why do you desire to be affiliated with PAOC? | | | | | |
| α, | Willy do you don't to be unimated than 17100. | | | | | |
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| b) | Have you read the provided documents? | | | | | |
| | The General Constitution and By-Laws of PAOC including the Statement of Essential Tru Positions and Practices (Article 6): | iths □ | (<i>Artic</i> Yes | • | <i>and</i> 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 congreg the principles of the <i>Local Church Constitution and By-Laws</i> ? | gatio | ons im Yes | - | nent No | |
| d) | Do you understand and agree to be abide by the provisions of the current version of the <i>Get and By-Laws</i> of PAOC? | nera | al Con Yes | nstitu | ntion No | |
| e) | Do you personally subscribe to the Statement of Essential Truths and Positions and Practice the General Constitution and By-Laws? | es, a □ | as con Yes | taine | | |
| f) | Do you not only believe the <i>Statement of Essential Truths</i> , but will you publicly proclaim truth it from the pulpit? | ı in a | alignm Yes | nent v | with No | |
| g) | Do you agree to abide by the Ministerial Code of Ethics? | | Yes | | No | |
| h) | Are you willing to cooperate with the financial plans of the general and district conferences fellowship in all policies and purposes, personally, and in your church which require united effort of the gospel at home and overseas? | | | | | |
| i) | The principle of voluntary cooperation, upon which PAOC functions, involves the following: | | | | | |
| ber | 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 their own free choice, decides to become a member, thus subscribing to all that for which the organization stands. | | | | | |
| def | By "cooperation" it is meant that to the best of their 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 they remain a member. | | | | | |
| | Hence "voluntary cooperation" means that one, of their 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? |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? \Box Yes \Box 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? |
| I) | 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? \Box Yes \Box No |
| 14. | PERSONAL INTEGRITY |
| a) | Reflecting on By-Law 10.6.2, is there anything in your past, which if made public, could negatively impact your witness and influence for Christ? \Box Yes \Box 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? \Box Yes \Box 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 10% of your income 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? |
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| 16. PREVIOUS | APPLICATIONS/CREI | DENTIALS | | | | | |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|---------------------------------------|---------|--------|------------|
| a) Have you ever applied for, or held, ministerial credentials with another organization or denomination? | | | | | | | |
| | | | | | Yes | | No |
| b) Have you ever a | applied for, or held, m | inisterial credentials with a | nother district of PAOC? | | Yes | | No |
| • | e to one (or both) of and with what organi | the above questions is "y | es", please give particu | lars n | oting | nam | e of |
| Organization Credential Held Description of Credential | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 17. TRANSFER | S FROM OTHER CHU | RCH ORGANIZATIONS | | | | | |
| This section is to be | completed only by tho | se who are transferring into P | AOC from other organization | ns or o | denom | inatio | ons. |
| a) What grade of o | credential do you now | hold | valid from | | to | | |
| If ordained, the | Date of Ordination (M | 1/D/Y) | | | | | |
| b) As required by | the General Constitut | Month Day tion and By-Laws, a copy of | Year | | | | |
| , | the <i>General Constitut</i> dential Card, and | lon and by-Laws, a copy of | your. | | | | |
| | ertificate (if applicable | a) must be attached | | | | | |
| | , ,, | must be attached. | | | Voc | | No |
| - | meet this request? | | | Ц | Yes | Ц | No |
| · - | • |) | | la | !4!- | | 41 |
| , , | c) If you are granted a credential with PAOC, will you surrender any other credential you may have with another religious organization? | | | | | | tner No |
| | | | | | | | |
| 18. POLICE RE | CORD CHECK (Officia | I copy, with Vulnerable Sector | r Search) | | | | |
| Date Conducted (m | ust be within last 12 mo | onths): | | | | | |
| 19. REFERENC | ES (must be submitted | directly to your district office | by the referee) | | | | |
| | · | nces know you well enough to | · · · · · · · · · · · · · · · · · · · | How w | ould v | ou de | escrit |
| he applicant's spiritu | al maturity?" and "Was | the applicant prompt and reg | jular in work attendance?" I | f you a | are pre | sentl | ly on |
| • | | be from the Senior Pastor. rded by you. Referees are to | | • | • | | |
| | | Taga by your Troigroup and to | Totalii completea remie and | , , , , , , , , , , , , , , , , , , , | 110 01 | 011101 | <u> </u> |
| | Name | | | | | | |
| Senior / Lead Pastor | Street Address City | Province | Postal Code | <u> </u> | | | |
| | Phone | Email | 1 00141 0040 | | | | |
| Filone | | | | | | | |
| | | | | | | | |
| Equity Manhau | Name Street Address | | | | | | |
| Faculty Member of PAOC Minister | | Province | Postal Cod | de | | | |

| | Name | | | | | |
|-------------------------------|----------------|----------|-------------|--|--|--|
| Church Leader | Street Address | | | | | |
| Chosen by Pastor | City | Province | Postal Code | | | |
| | Phone | Email | | | | |
| | | | | | | |
| | Name | | | | | |
| Board Member | Street Address | | | | | |
| Board Member | City | Province | Postal Code | | | |
| | Phone | Email | | | | |
| | | | | | | |
| | Name | | | | | |
| Secular Employer | Street Address | | | | | |
| (if applicable) | City | Province | Postal Code | | | |
| | Phone | Email | | | | |
| | | | | | | |
| | Name | | | | | |
| Church Member | Street Address | | | | | |
| Ondron Member | City | Province | Postal Code | | | |
| | Phone | Email | | | | |
| | | | | | | |
| | Name | | | | | |
| Internship Pastor | Street Address | 1 | | | | |
| (if applicable) | City | Province | Postal Code | | | |
| | Phone | Email | | | | |
| | 1 | | | | | |
| Looder of Farmer | Name | | | | | |
| Leader of Former Denomination | Street Address | | | | | |
| (if applicable) | City | Province | Postal Code | | | |
| , , , , , | Phone | Email | | | | |

NOTE: THE DISTRICT OFFICE MAY CHOOSE TO CONTACT ADDITIONAL REFERENCES AT THEIR DISCRETION.

20. WAIVER

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 Credential 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*, or those who may otherwise be contacted.

| Signature of Spouse | ٦ | Date |
|---------------------|---|------|
| | | |

APPLICANT'S WAIVER

Recognizing that the information on Credential 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.

Further, I hereby give my consent to PAOC to use and retain all personal information contained in the credential application, reference letters or forms completed on my behalf, and any other information necessary to obtain credentials, including any information obtained by PAOC through its own examination of my past, character and history.

Further, I understand and agree that by submitting the credential application, I am authorizing PAOC to engage in an examination of my past, character and history as deemed necessary by PAOC.

I agree that, if my application is successful, all personal information provided as part of the credential process will become part of the permanent records of PAOC (It is our practice to destroy incomplete or unsuccessful applications after two years).

I understand and agree that, if my application is successful, I will receive electronic and hard-copy communication from PAOC and my district office. In addition, credential related information will be shared between the PAOC and my district office/IMD as applicable.

| Signature of Applicant | | Date |
|------------------------|----------|------|
| - | <u> </u> | |



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 (1Timothy 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. (1Timothy 4:12-16)
- 6. The minister should maintain a high moral standard in both speech and conduct. (1Timothy 6:1-10)
- 7. The minister should strive to ever be commendable in manners and modest in appearance. (1Timothy 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. (1Timothy 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 predecessors and successors.
- 4. The minister should seek to enhance, support and not disparage, the work of fellow staff members and colleagues.
- 5. 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.
- 6. The minister should steadfastly keep guard over their congregation and refrain from giving ministry privileges to any questionable persons.
- 7. 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)
- 8. The minister should refrain from any form of interference in the affairs of another assembly.
- 9. 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 agree to abide by, the standards outlined in this document: | | | |
|---------------------------------------------------------------------------------------|------------|--|--|
| Print Name: | Signature: | | |