



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](mailto:office@bc.paoc.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](mailto:info@eod.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](mailto:credential@abnwt.com)

## 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

604 Webster Street  
Saskatoon, Saskatchewan S7N 3P9  
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: [info@maritimepaoc.org](mailto:info@maritimepaoc.org)

## MANITOBA & NORTHWESTERN ONTARIO DISTRICT

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

## SLAVIC CONFERENCE

118 Ninth Street  
Toronto, Ontario M8V 3E4  
Phone: (905) 242-5982  
Email: [muravskipaoc@hotmail.com](mailto:muravskipaoc@hotmail.com)

## WESTERN ONTARIO DISTRICT

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

## FINNISH CONFERENCE

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

### FINAL CHECK LIST

- Application form (completed and signed) including Passport Photo (attached)
- Credential Questionnaire (Part A and B)
- Ministerial Code of Ethics (read, signed and enclosed)
- Fee of \$100.00 (enclosed) \*\*Note: \$25 is non-refundable should application be refused\*\*
- Theological academic transcripts (original enclosed)
- Confirmation of Ministry Appointment form (enclosed)
- Police records check (including Vulnerable Sector Search) within the last year (original enclosed)
- Send reference form to each referee (they are to return it to the District directly)
- If applicable, previously held credential (copies enclosed)
- If applicable, transferees, see section 17(b) attachments.

# APPLICATION FOR MINISTERIAL CREDENTIALS

Please PRINT all responses.

## 1. CREDENTIAL INFORMATION

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

Are you:  applying for ministerial credentials  transferring from another denomination/organization

If transferring, please indicate denomination/organization: \_\_\_\_\_

Indicate the credential for which you are applying:

Ordained  Licensed Minister  Recognition of Ministry  Ministry 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: \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

d) Birth date (M/D/Y): \_\_\_\_\_ Citizen (Country): \_\_\_\_\_  
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 without 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) Applicant's Current Marital Status

Single  Married  Widow/Widower  Divorced  Remarried  
 Engaged - Planned wedding date: \_\_\_\_\_ Name of Fiancé(e): \_\_\_\_\_

b) If currently married, please complete the following:

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

c) Are you married or engaged to someone who is divorced?  Yes  No

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

e) If you are divorced and remarried, is the former spouse of your current spouse living?  Yes  No

If you answered "yes" to any of the preceding three (3) 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) Current Spouse's 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. HOME LIFE**

- a) Which of the following are a part of your personal/family life?
  - Devotions/Bible reading
  - Prayer at meals
  - Infrequent prayer
  - Bedtime prayer
  - Crisis prayer
  - No prayer

b) Write a short statement about your views on the raising of children including their discipline:

c) If applicable, include the following information regarding your child(ren) (attach additional pages as needed):

Child's Name	Date of Birth			Male/Female
	Month	Day	Year	

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

Name	Relationship	Age

**7. EDUCATION (PLEASE INCLUDE OFFICIAL TRANSCRIPTS)**

a) Secondary schooling:

School's Name	Date Graduated			Highest Grade Completed
	Month	Day	Year	

**b) Post-secondary schooling:**

School's Name	Date Graduated			Certificate/Diploma/Degree
	Month	Day	Year	

**c) Bible College or Seminary:**

School's Name	Date Graduated			Certificate/Diploma/Degree
	Month	Day	Year	

**d) Distance Education and Correspondence Programs:**

School's Name	Date Graduated			Certificate/Diploma/Degree
	Month	Day	Year	

e) If you are in an undergraduate or graduate program, please indicate number of courses completed: \_\_\_\_\_

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

**f) List major extra-curricular activities during secondary or post-secondary education:**

**g) List any class offices held:**

**8. CURRENT CHURCH / MINISTRY INVOLVEMENT**

a) Do you have a constitutionally qualifying appointment in ministry as outlined in By-Law 10.2?  Yes  No

If yes, 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: \_\_\_\_\_ 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?

**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?

**10. HEALTH HISTORY**

Would you be aware of any health issues that would affect your ministry as a credential holder?  Yes  No

If “yes”, please explain:

**11. SPIRITUAL HISTORY (USE ADDITIONAL PAGES IF NEEDED)**

a) Describe your life’s journey and your passion for ministry. Include incidents you feel were significant in your formation as a person and your call to ministry, personal ideals, goals and salvation experience:

b) At what age did you accept or profess faith in Jesus as your Lord and Saviour according to Romans 10:9-10?

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

d) When and where did you receive the baptism in the Holy Spirit with the initial evidence of speaking in tongues according to Acts 2:4?

**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 be 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 Ministerial 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 their 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 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?  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) 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?  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 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?

**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 (Original copy, with Vulnerable Sector Search completed, 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 references must be from the Senior Pastor. The interview committee may request additional references. Reference forms are to be forwarded by you. Referees are to return completed forms directly to the district office.

<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 PAOC 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>	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

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

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

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

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

<b>Leader of Former Denomination (if applicable)</b>	Name		
	Street Address		
	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** \_\_\_\_\_ **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** \_\_\_\_\_



## 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 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: \_\_\_\_\_

Date: \_\_\_\_\_