

Full Gospel Assemblies

3018 E. Lincoln Hwy.

P. O Box 337

Parquesburg, PA 19365

Full Gospel Assemblies

Inquiry

Dear Minister of God,

Greetings to you in the name of our Lord and Savior, Jesus Christ. We are excited about the opportunity of assistance to the work of the Lord in your area.

We do thank you for your request for information regarding ministerial credentialing and/or ministry affiliation with the Full Gospel Assemblies. The enclosed ministerial and organization application information brochure is being provided for your review along with a ministerial application form. For all questions and assistance in submitting an application form, please write to the above mailing address or contact our central office at (610) 857-2357.

May the blessing of the Lord be upon the ministry which He has entrusted in your hands. We pray He will guide and direct you in your service for Him.

We look forward to hearing from you soon.

God bless you,

Simeon Strauser

Pastor Simeon J. Strauser
Chairman

SJS/ms
Enc.

Application for Ministerial Recognition

*And he gave some, apostles; and some, prophets; and some,
evangelists; and some, pastors and teachers;
For the perfecting of the saints, for the work of the ministry,
for the edifying of the body of Christ. Eph. 4:11-12*

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3018 Lincoln Hwy., P O Box 337, Parkesburg, PA 19365
Tel. (610) 857-2357

Application for Ministerial Recognition

Your Application Procedure:

Phase One

1. **Application.** Submit application for Ministerial Credentials to central office of Full Gospel Assemblies Int., Credentials and Affiliations Committee. Mailing address: P. O. Box 337, Parkesburg, PA 19365. All application information received through the application process is held in confidence.

2. **Application Review.** Application package will be reviewed by administrative staff for completion of all required documentation. Full Gospel Assemblies administrative staff will work with you to acquire complete application information and supporting documents.

Phase Two

3. **References.** Full Gospel Assemblies will begin to acquire ministerial and personal references directly from individuals listed and provided on your application.

4. **Doctrinal Questionnaire.** Applicant will be required to complete and submit a doctrinal statement in preparation for the personal interview. This statement will be in the form of a prepared questionnaire which will provide your interviewer with a wide range of your Biblical knowledge and understanding. You will also be provided with a copy of the Full Gospel Assemblies Church Fellowship **Constitution and By Laws** for review. Personal interviews will include a briefing on the Church procedures of Full Gospel Assemblies.

5. **Criminal Record and Child Abuse Clearances.** USA Applicants. Applicant will be required to submit criminal record clearance and child abuse clearance for each state of personal residence from age of 18 years old. Information on acquiring your Criminal and Child Abuse clearances will be provided to you.

6. **File Review.** Application files will periodically be reviewed for update on acquisition of application information and supporting documents by members of the Full Gospel Assemblies Credentials and Affiliations Committee and/or Executive Council.

Phase Three

7. **Personal Interview.** USA applicants. A personal interview will be scheduled for the purpose of acquaintance and the reviewing of your ministerial file and all supporting documents. This interview will be conducted by a Full Gospel Assemblies regional representative, Council / Committee member, or delegate thereof. For married applicants, their spouse may be required to participate in the personal interview.

8. **File Review.** Application file will be reviewed for determination for appropriate counsel and ministerial recognition by members of the Full Gospel Assemblies Credentials and Affiliations Committee and/or Executive Council.

Phase Four

9. **Approved Applicants.** Full Gospel Assemblies administrative staff will work with you to develop your commissioning service with *laying on of hands* by the elders of the Church Fellowship or delegates thereof.

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Ministerial Credentials Application

Please print or type all information. Where indicated, please use separate paper for attachment.

A. PERSONAL

File ID _____

1. **Name:** First _____ Middle _____ Last _____

2. **Home Address / Street:** _____

City _____ State _____ Zip _____ Country _____

3. **Birth Date:** _____ 4. **Place of Birth:** _____ 5. **Social Security Number:** _____

6. **Citizenship.** Country Name. _____

7. **Marriage:** Check all that Apply.

Married _____ Separated _____ Single _____ Divorced _____ Remarried _____ Widowed _____

Date of Marriage _____ Spouses Full Maiden Name _____ Birth Date _____

Date of Marriage _____ Spouses Full Maiden Name _____ Birth Date _____

8. **Children:** Number of Children _____ Names / Ages of Children _____

9. **Contact:** Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Cell Phone (____) _____ - _____ E-mail Address _____

Web Site Address _____

10. **Salvation:** Date of Your Personal Salvation _____

11. **Employment:** Are you currently employed in secular work? Yes ___ No ___ Part Time ___ Full Time _____

Total Number of Weekly Hours _____

Name and address of employer _____

B. EDUCATION & ACHIEVEMENTS

1. **Education Completed:** Check all that Apply.

High School ___ Professional Training ___ Associates ___ Bachelors ___ Masters ___ Doctorate ___

Degree(s) Received _____

Schools Attended. List all schools attended beginning with High School and beyond.

Name of School _____ Yrs. Attended _____ Certification _____ GPA _____

1. _____

2. _____

3. _____

4. _____

2. **Current Education:** Are you currently pursuing Theological studies? Yes ___ No ___ If yes, list name and address of the school, college, and/or organization through which you are pursuing your studies.

3. **Education Plans:** Please describe your plans for continuing education. _____

4. **Awards:** Please list and date any awards that you have received in recognition of your achievements; athletic, academic, professional, military or otherwise.

C. PERSONAL DEVELOPMENT

1. **Books, Journals and Software:** List ministerial and personal growth resources that you read regularly.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

2. **Music and Theatrics:** List any instruments that you play. Describe your musical abilities. Do you sing solo, perform with a choir, teach voice, teach or perform dance, or participate in drama, etc.?

- _____
- _____
- _____

3. **Most Influential:** List the person who has been most influential in your life and explain why.

- _____
- _____
- _____

4. **Memberships and Affiliations:** List all organizations, clubs, churches, societies etc. for which you have been or are presently recognized as a member, attendee, delegate, or affiliate.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

5. **Professional Licenses / Certificates:** List all professional licenses / certificates that you have acquired.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

6. **Church Attendance:** Church information for church which you attend **or** attend **and** minister with.

Name /Address _____

A. Sr. Pastor _____ Church Phone _____ - _____ - _____ May we contact this pastor for a reference? Yes _____ No _____ Comment _____

B. # of yrs. of attendance _____ # of services / functions attended wkly _____ last attended ____/____/____

C. Are you a member of this church. Yes _____ No _____

D. List all offices that you have held or presently hold within the church. _____

E. Are you active in giving tithes and offerings to the church that you attend. Yes _____ No _____
Comment _____

D. MINISTERIAL SERVICE

1. **Ministry Service Status:** Check that which applies.

I am currently: ___preparing for ___active ___on sabbatical ___semi-retired ___retired ___inact

2. **Activity:**

Number of years which you have been in active ministry. _____

Describe the type of ministry which you are currently pursuing (Example: Pastor, Evangelist, Etc)

D. MINISTERIAL SERVICE continued

3. Name and address of the church, ministry, or organization which you are currently ministering with.

4. Number of hours per week which you are directly involved with ministerial services and duties. _____

5. (a). Are you presently ministering under the supervision of someone else? (Example: Senior Pastor, Director, Bishop, etc.) Yes _____ No _____ If yes, please supply name and address of this person.

Name and Address _____
_____ Telephone ____ - ____ - ____

(b). Please describe the influence that this person has had with your personal ministry. _____

(c). May this person be contacted as a reference. Yes _____ No _____ Comment _____

6. Credentials held in past: Have you held ministerial credentials which are now void, lapsed or expired? Yes_ No_

Type: Lay License__ Ministerial License__ Ordination__ Other_____

If yes, date of original issuance. _____ Date of inactive status _____

Please supply copy of ministerial certificate / card if available.

Name and address of the church, fellowship or organization from which your past ministerial credentials were issued. _____

Comment as to reason for inactive status _____

7. Credentials held presently: Do you presently hold ministerial credentials? Yes _____ No _____

Type: Lay License__ Ministerial License__ Ordination__ Other_____

If yes, date of original issuance. _____. Please supply copy of ministerial certificate / card.

Name and address of the church, fellowship or organization from which your present ministerial credentials were issued. _____

8. This application is for (check) Dual membership _____ Transfer _____ New Recognition _____

Reason for transfer or dual membership. _____

E. PASTOR INFORMATION

Please complete this section if you are currently ministering as a pastor.

1. I serve as (check) senior pastor ___ associate pastor ___ youth pastor ___ seniors pastor ___ other ___

Comments. _____

2. Our church is independent. Yes _____ No _____. If no, Please list name and address of the organization or denomination which the church is affiliated with. _____

3. Active membership is _____. Average sunday school attendance is _____ # church meetings each week _____

F. REFERENCES

Please supply name and address of two ordained clergy and two personal references who have had the opportunity to witness your personal life, personal ministry and walk with the Lord over the past year. Listed references will be requested to complete detailed reference form. Please exclude family members as references.

Clergy References.

Name _____
Street Address _____
City _____ State _____ Zip _____
Country _____
Telephone Number () _____
Pastor _____ Evangelist _____ Lay Minister _____ Missionary _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Country _____
Telephone Number () _____
Pastor _____ Evangelist _____ Lay Minister _____ Missionary _____

Personal References.

Name _____ Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Country _____ Country _____
Telephone Number () _____ Telephone Number () _____

G. ATTACHMENTS & ENCLOSURES The following documents and enclosures must be submitted with application. Check all that are included.

Personal

- ____ Occupational Resume.
- ____ Ministry Resume.
- ____ Personal testimony in relation to your past twelve months of ministry.
- ____ 500 (+) word reflection on your personal call to ministry.
- ____ Applicant. Signed release form for acquisition of information.
- ____ Married Applicants. Spouse. Signed release form for acquisition of information.
- ____ Divorced Applicants. Signed disclosure of circumstances / history leading to divorce.
- ____ Application Administrative Donation. US\$125.00. Please submit check or money order.

Education

- ____ Educational transcript(s) for post high school education.
- ____ Listing of educational accomplishment(s) for which no transcript(s) are available.

Ministry

- ____ 250 (+) word account / details of your personal ministry activities and responsibilities during the last twelve. Include time allotment and scheduling frequencies.
- ____ 250 (+) word explanation of your aspirations / goals for ministry over the next twelve months.
- ____ Copies of ministerial credentials certificate(s) or card(s) received.

H. SIGNATURE I, the undersigned hereby verify that I am in complete agreement with the Full Gospel Assemblies Int. Statement of Faith. Should I be granted Ministerial recognition with the Full Gospel Assemblies Int., I shall perform all ministerial teachings and duties in accordance thereof. I shall submit to the authority of Full Gospel Assemblies Int. in all matters pertaining to this affiliation, recognition and ministry. I understand that falsification of information at any time will nullify application and affiliation with Full Gospel Assemblies Int. I have completed this Ministerial application in a true and correct manner.

Signature Date

Full Gospel Assemblies

3018 Lincoln Hwy., P O Box 337, Parkesburg, PA 19365

**Ministerial Application
Authorization and Release
for
Applicant**

I, _____ of _____,
(First, Middle, Last) (Mailing Address)

having filed an application for ministerial credentials with the Full Gospel Assemblies Int., consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and such further information as may be received by or reported to the Full Gospel Assemblies Int. I agree to give any further information, which may be required in reference to my past history.

I authorize and request every person, firm, company corporation, governmental agency, court, association, church, education facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Full Gospel Assemblies Int., any such information, including documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Full Gospel Assemblies Int. or any of its agents or representative to inspect and make copies of such documents, records, and other information. I specifically waive any or all right I may have to inspect or review any information provided the Full Gospel Assemblies Int., its agents or representative by any person or organization.

I hereby release, discharge and exonerate the Full Gospel Assemblies Int., its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Full Gospel Assemblies Int. The Full Gospel Assemblies Int. shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information, which later appears to have been false or incomplete.

I am a resident of the county of _____, in the state of _____,
in the country of _____.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

APPLICANT

Subscribed and sworn to before me this ____ day of _____, 20____.

NOTARY PUBLIC SIGNATURE AND SEAL

NOTARY SIGNATURE AND SEAL MUST AFFIXED PRIOR TO
SUBMISSION TO FULL GOSPEL ASSEMBLIES INT.

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Ministerial Application Spousal Authorization and Release for Applicant

I, _____ of _____,
(First, Middle, Last) (Mailing Address)

spouse of _____, who has filed an application for ministerial credentials with the Full Gospel Assemblies Int., consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and such further information as may be received by or reported to the Full Gospel Assemblies Int. I agree to give any further information, which may be required in reference to my past history.

I authorize and request every person, firm, company corporation, governmental agency, court, association, church, education facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Full Gospel Assemblies Int., any such information, including documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Full Gospel Assemblies Int. or any of its agents or representative to inspect and make copies of such documents, records, and other information. I specifically waive any or all right I may have to inspect or review any information provided the Full Gospel Assemblies Int., its agents or representative by any person or organization.

I hereby release, discharge and exonerate the Full Gospel Assemblies Int., its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Full Gospel Assemblies Int. The Full Gospel Assemblies Int. shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information, which later appears to have been false or incomplete.

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I have read and signed the foregoing Authorization and Release as my own free act and deed.

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