The Pentecostal Assemblies of Canada

APPLICATION FOR ORDINATION

Dear Applicant,

Thank you for applying for Ordination with The Pentecostal Assemblies of Canada (PAOC).

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.

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 if you are not in a restricted access context. You will receive communication from our office related to your credentials, as well as promotional information to keep you up to date on what is important to the Fellowship as a whole.

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.

* Restricted Access personnel are not included in PAOC Directory

TO AVOID DELAY PLEASE ANSWER ALL QUESTIONS

After all questions have been fully answered, this application should be returned to **your home district office**. 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. When completed, forward the application to your District Office. The addresses for the district offices are listed in this application. If your credentials are held with International Missions, you may complete the Ordination process with IMD or your Home district.

PAOC DISTRICT AND BRANCH OFFICES

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

BRITISH COLUMBIA & YUKON DISTRICT AND IM

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

1303 Jackson Ave
Saskatoon, Saskatchewan S7H 2M9
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: ruth@paoc.net

WESTERN ONTARIO DISTRICT

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

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 St
Toronto, Ontario M8V 3E4
Phone: (905) 242-5982
Email: muravskipaoc@hotmail.com

FINNISH CONFERENCE

1920 Argyle Dr
Vancouver, BC V5P 2A8
Phone: (604) 325-5414

FINAL CHECK LIST

- ☐ Application form, complete and signed
- ☐ Fee of $100.00 enclosed (**Note: $25 is non-refundable should application be refused)
- ☐ Send reference form to each referee (they are to return it to the District directly)

APPLICATION FOR ORDINATION

Please PRINT all responses.

1. CREDENTIAL INFORMATION

Date of Application: _____

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** (_____) _____

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**

☐ **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 remarried? ☐ **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*" or the "Application to Retain Credentials" if you are divorced and wish to remarry.*

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

I, hereby, give permission for my personal information to be shared on my spouse's Application for Ordination 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**

5. CHILDREN

a) Names and birth dates of 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 dependants, proceed to next question)*

Name	Relationship	Age

7. CURRENT CHURCH / MINISTRY INVOLVEMENT

a) Report previous and current credentials, date received, and granting body:

	Credentials	Date Received	Granting Body
Previous			
Current			

b) List place(s) of ministry and duration:

Place	Duration	Place	Duration

c) 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:

8. CALL TO MINISTRY

a) How has your ministry experience to date confirmed your call to full-time ministry?

b) To what type of ministry do you feel called?

☐ **Administration**	☐ **Evangelism**	☐ **Pastoring**	☐ **Children**
☐ **Chaplaincy**	☐ **Missions**	☐ **Teaching**	☐ **Other (*describe*):**
☐ **Counselling**	☐ **Music**	☐ **Youth**	_____

9. PERSONAL LIFE AND MINISTRY

a) How many people have you personally led to the Lord in the past six months? _____

b) What books and reference works do you use most frequently?

c) To what religious and professional magazines do you subscribe?

d) What teaching seminars (conferences) have you attended in the past 18 months?

e) How do you ensure that you have a daily devotional time?

f) How often do you have family devotions with your family? _____

g) How many days off do you take each week? _____

h) What is your spouse's attitude toward ministry?

i) Approximately how many hours do you spend each week in the following activities?

Activity	Hours	Activity	Hours
Team/Org Meetings		**Administration**	
Community Outreach		**Counseling**	
Devotional Bible Reading		**Family activity**	
New Convert Follow-up		**Prayer**	
Recreation/leisure activity		**Secular employment**	
Bible Study/ Sermon Preparation		**Visitation**	

j) How do you guard your integrity?

k) 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**

l) 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**

m) Have you ever engaged in conduct which could result in charges being laid against you (e.g. child abuse)? ☐ **Yes** ☐ **No**

10. CHURCH LEADERSHIP

a) Is preaching part of your current ministry position portfolio? ☐ **Yes** ☐ **No** ***If no, proceed to question d)***

b) Please indicate how many times you have addressed each of the following subjects in your preaching during the past 12 months:

____Baptism in the Holy Spirit	____Divine Healing	____Family issues
____Gifts of the Spirit	____Heaven	____Hell
____Inspiration of Scripture	____Missions	____Rapture of the Church
____Salvation	____Sanctification	____Tithing

c) How far in advance do you begin preparation of a sermon? _____

d) How are you equipping the members of your team for the work of the ministry?

e) Indicate your relationship with the following on a scale of 1 (poor) to 5 (excellent) and report how often you meet together:

Relationship	Scale	How Often	Relationship	Scale	How Often
Board of Deacons / Field Leader			**Church Office Staff / Team Members**		
Pastoral Staff / Partnering Org. Leadership			**District Leadership / Regional Director**		

f) What circumstances and to what extent does a pastor, global worker or member of a pastoral staff, have a right to exercise authority over members of the congregation?

g) How do you guard yourself against individuals in your congregation/ministry who may have a romantic interest in you?

h) How do you handle the situation of counseling with a member of the opposite sex?

i) What action would you take when a person begins to attend your assembly/ministry following conflict and/or discipline in another church/ministry?

j) If you were an assistant how would you respond to someone who comes to you with a criticism against the pastor/ministry leader?

k) What is your attitude toward your predecessor (if applicable)?

l) What relationship will you maintain with your present congregation/ministry after you have taken another ministry position?

m) What do you feel your responsibility is to neighbouring pastors/ministry leaders?

n) If you could change anything concerning The Pentecostal Assemblies of Canada what would you change and why?

11. COMMUNITY MINISTRY

a) Do you belong to a Ministerial Association in your community? ☐ Yes ☐ No

b) How does your church/ministry meet the social needs of your community?

c) What has your church/ministry done to be a light in the community?

12. CHURCH ADMINISTRATION

a) What is the process by which your church/ministry adopts a budget?

b) Please indicate where the following items are kept in your church if applicable:

Document	Location	Document	Location
Accounting records		Annual Business Meeting Minutes	
Certificate of Affiliation		Charter (if incorporated)	
Constitution and By-Laws		Deacon Board Minutes	
Property Deeds		Mortgage Documents	

13. DENOMINATION RELATIONSHIPS

a) Does your church forward an amount equal to 10 % of its General Fund to the district office in accordance with By-Law 14.7? ☐ Yes ☐ No ☐ N/A

b) Do you personally contribute to the district in accordance with the requirements of the District Constitution and By-Laws / International Missions policy? ☐ Yes ☐ No

c) Does your church financially support PAOC Missions? ☐ Yes ☐ No ☐ N/A

d) The principle of voluntary cooperation, upon which The Pentecostal Assemblies of Canada 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 The Pentecostal Assemblies of Canada? ☐ Yes ☐ No

e) Have you ever applied for credentials with another organization? ☐ Yes ☐ No

If "yes," give the name of the organization _____

f) Have you ever been denied credentials? ☐ Yes ☐ No

If so, why? _____

14. 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 your references must be from the Senior Pastor. Reference forms are to be forwarded by you. Referees are to return completed forms directly to the district office or International Missions, as applicable.

Senior Pastor or Another Ordained Minister	**Name**		
	Street Address		
	City	**Province**	**Postal Code**
	Phone	**Email**	

District Leader/ Regional Director	**Name**		
	Street Address		
	City	**Province**	**Postal Code**
	Phone	**Email**	

Deacon/Ministry Leader	**Name**		
	Street Address		
	City	**Province**	**Postal Code**
	Phone	**Email**	

Church/Ministry Member	**Name**		
	Street Address		
	City	**Province**	**Postal Code**
	Phone	**Email**	

15. 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.

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.

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.

Signature of Applicant _____ **Date** _____