



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.

TO AVOID DELAY PLEASE ANSWER ALL QUESTIONS

After all questions have been fully answered, this application should be returned to the **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.

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 V3S 4B6
Phone: (604) 533-2232 Fax: (604) 533-5405
E-mail: office@bc.paoc.org

EASTERN ONTARIO DISTRICT

Box 337; 9421 County Rd #2
Cobourg, Ontario K9A 4K8
Phone: (905) 373-7374 Fax: (905) 373-1911
E-mail: info@eod.paoc.org

ALBERTA & NORTHWEST TERRITORIES DISTRICT

200 - 10585 - 111 Street
Edmonton, Alberta T5H 3E8
Phone: (780) 426-0018 Fax: (780) 420-1318
E-mail: info@abnwt.paoc.org

QUEBEC DISTRICT

839 rue La Salle
Longueuil QC J4K 3G6
Phone: (450) 442-2732 Fax: (450) 442-3818
E-mail: info@dq.paoc.org

SASKATCHEWAN DISTRICT

3488 Fairlight Drive
Saskatoon, Saskatchewan S7M 3Z4
Phone: (306) 683-4646 Fax: (306) 683-3699
E-mail: paocsk@sasktel.net

MARITIME DISTRICT

Box 1184; 72 Golf Street
Truro, Nova Scotia B2N 5H1
Phone: (902) 895-4212 Fax: (902) 897-0705
E-mail: maritimepaoc@ns.aliantzinc.ca

MANITOBA & NORTHWESTERN ONTARIO DISTRICT

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

SLAVIC CONFERENCE

445 Stevenson Road North
Oshawa, Ontario L1J 5N8
Phone: (905) 576-3584 Fax: (905) 576-3584
Email: paocmuravski@rogers.com

WESTERN ONTARIO DISTRICT

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

FINNISH CONFERENCE

2570 Bayview Avenue
Toronto, ON M2L 1B3
Phone: (416) 222-2291 Fax: (416) 222-3356
Email: pkorpela@gmail.com

FINAL CHECK LIST

- Application form, complete and signed
- Fee of \$100.00 enclosed (**Note: \$25 is non-refundable should application be refused)
- Copy of any previously held credential
- Transferees, see section 17(b) attachments
- Notify referees

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: _____ Fax (_____) _____
- e) Birth date (M/D/Y): _____ Citizen (Country): _____
Month Day Year
- f) Birthplace: _____ Province and Country: _____

3. APPLICANT'S MARITAL STATUS (Indicate all categories that apply)

- a) Applicant's Current Marital Status
 Single Married Widow/Widower Divorced Remarried Marriage annulled – civil only
- b) If you are divorced and remarried, is your former companion living? Yes No
- c) Are you married to someone who is "remarried"? Yes No

4. 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) 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 children:

NAME	BIRTH DATE			NAME	BIRTH DATE		
	Month	Day	Year		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) Church or organization: _____

d) Are you on staff? Yes No If "yes", what is your position? _____

Full time Part time Volunteer Hours per week in ministry _____

e) Describe your ministry role and function in your current position. _____

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 Other (describe): _____
 Chaplaincy Missions Teaching _____
 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/pastor 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
Board / Committee Meetings		Church Administration	
Community Affairs		Counseling	
Devotional Bible Reading		Family activity	
New Convert Follow-up		Prayer	
Recreation/leisure activity		Secular employment	
Sermon/Bible study Preparation		Visitation	

j) How do you guard your integrity? _____

k) Are you aware of anything in your past which if brought to light could bring reproach on the cause of the gospel? 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) 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

- b) How far in advance do you begin preparation of a sermon? _____
- c) How are you equipping the members of your church for the work of the ministry? _____
- _____
- d) 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	① ② ③ ④ ⑤		Church Office Staff	① ② ③ ④ ⑤	
Pastoral Staff	① ② ③ ④ ⑤		Sunday School Staff	① ② ③ ④ ⑤	
Section Presbyter	① ② ③ ④ ⑤		District Superintendent	① ② ③ ④ ⑤	

- e) What circumstances and to what extent does a pastor, or member of a pastoral staff, have a right to exercise authority over members of the congregation? _____
- _____
- f) How do you guard yourself against individuals in your congregation who may have a romantic interest in you? _____
- _____
- g) How do you handle the situation of counseling with a member of the opposite sex? _____
- _____
- h) What action would you take when a person begins to attend your assembly following conflict and/or discipline in another church? _____
- _____
- i) If you were an assistant how would you respond to someone who comes to you with a criticism against the pastor? _____
- _____
- j) What is your attitude toward your predecessor? _____
- _____
- k) What relationship will you maintain with your present congregation after you have taken another pastorate? _____
- _____
- l) What do you feel your responsibility is to neighbouring pastors? _____
- _____
- m) 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 minister to the social needs of your community? _____

c) What has your church done to raise its profile in the community? _____

12. CHURCH ADMINISTRATION

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

b) Where are the following items kept in your church?

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

b) Do you personally contribute to the district office in accordance with the requirements of the District Constitution and By-Laws? Yes No

c) Does your church receive a monthly offering for PAOC World Missions? Yes No

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 his/her own free choice, decides to become a member, thus subscribing to all that for which the organization stands.

By "cooperation" it is meant that to the best of his/her ability, one will comply with all decisions setting forth and defining duties and responsibilities incumbent upon members of the organization, and will respect the will of the majority, expressed through democratic processes, as long as he/she remains a member.

Hence "voluntary cooperation" means that one, of his/her own free will, will decide to become a cooperating member of PAOC, this cooperation being obligatory and not optional.

Do you subscribe to the above statements concerning “voluntary cooperation” and declare that you understand how “voluntary cooperation”, so defined, is viewed as a fundamental attitude and principle in the operation of 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 the two ordained minister references (By-Law 12.13.1) must be from the Senior Pastor.

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

Presbyter	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

Deacon	Name		
	Street Address		
	City	Province	Postal Code
	Phone	Email	

Church 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 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 Ordination.

Signature of Spouse _____ **Date** _____

APPLICANT'S WAIVER

Recognizing that the information on Credentials Reference Forms remains confidential between the referee and the Credentials Committee of PAOC, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by those whose names I provide.

I declare that to the best of my knowledge all of the foregoing information is correct and true, and further agree to abide by the commitments made in this application.

Signature of Applicant _____ **Date** _____

Applicant's Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____

The above applicant is making application for Ordination with The Pentecostal Assemblies of Canada. We are referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the sacred trust of a minister of the Gospel. We shall value your judgment and appreciate your cooperation. **Thank you for taking the time to complete this form as fully as possible and to return it to the applicant in a sealed envelope which he/she will include with the application to our office.** The sealed envelope will be opened by our office ONLY (not the applicant). The authorization and release signatures of the applicant and spouse are on file at the district office. These guarantee that the applicant will not be aware of your response.

1. a. **How well do you know the applicant?** Friend Acquaintance Pastorally Professionally
 b. **Are you related to the applicant?** Yes No
 c. **Date of last meaningful contact:** _____

2. **How frequently does the applicant attend church?** Regularly Occasionally Seldom Don't know

3. **In your opinion, does the applicant actively participate in the life of the church?**

- Always Often Seldom Never Don't know

4. **How would you describe the applicant's marriage?**

- Adjusted Well Adjusted Very Well Adjusted Strained Very Strained Don't know Not Married

5. **How would you describe the applicant as a disciplinarian?**

- Average Capable Very Capable Poor Very Poor Don't know No Children

6. **How would you describe the applicant's children?**

- Average Well Behaved Very Well Behaved Poorly Behaved Very Poorly Behaved
 Don't know No Children

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

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

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

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

9. a. **Is the applicant's call to ministry evident to you?** Yes No Don't know

b. **If so, how?** _____

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

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

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

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

Average Good Very Good Poor Very Poor Don't know

12. Would you, without hesitation, recommend that the applicant be Ordained?

Yes With Reservation No Don't know

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Name of Spouse: _____

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

Friend Acquaintance Pastorally Professionally

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

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

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

Always Often Seldom Never Don't know

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

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

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

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

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

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

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

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

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

Average Good Very Good Poor Very Poor Don't know

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

Signed: _____ **Dated:** _____