

## PENTECOSTAL ASSEMBLIES OF THE WEST INDIES INTERNATIONAL

### APPLICATION FOR (FIRST TIME) MINISTERIAL CREDENTIALS

This form is to be completed by all candidates applying for ministerial credentials for the first time. Applicants who have been credentialled with another Christian organization are required to provide all relevant information and documentation of MINISTERIAL training and experience to the district office. Applicants for credentials should read carefully the qualifications for credentials in Bylaw 5 of the Constitution and Bylaws. Where there is insufficient room on the form for a proper answer to any question, state your answer on a separate sheet of paper. After all questions have been fully considered and answered, the completed form should be returned to the respective district office. All requirements must be completed prior to an interview with the district credentials committee. All questions must be answered clearly and fully.

**This application must be accompanied by a non-refundable application fee of US \$ 20.00 and two (2) passport sized photographs. Upon the approval of this application by the General Executive, a credential fee of US \$100.00 becomes due.**

Applicants' orientation to the PAWI Fellowship shall include acquaintance with the polity of the Pentecostal Assemblies of the West Indies International contained in the Constitution and Bylaws and the history of PAWI which is documented in the book "ABLAZE, THE PENTECOSTAL ASSEMBLIES OF THE WEST INDIES". These documents are included in the credential fee. The credential shall be valid for the two-year conference term in which it is issued and application for its renewal shall be made before the close of that conference term. Applicants should note that the PAWI Fellowship operates on the "*principle of voluntary cooperation*".

#### **PRINCIPLE OF VOLUNTARY COOPERATION:**

Voluntary Cooperation is the fundamental attitude, principle and practise in the operations of the PAWI. By applying for credentials with the PAWI, you are declaring that you have decided to become a member of the PAWI organization and will voluntarily cooperate with and subscribe to, of your own free will, the principles, practises and doctrines for which the PAWI stands, and will share in the benefits that accrue to all members of the organization without discrimination to any.

Voluntary Cooperation indicates that one will comply to the best of one's ability, with all decisions that set forth and define duties and responsibilities incumbent upon members of the organization, and will respect the will of the majority expressed through the democratic processes of the organization as long as one remains a member.

Voluntary Cooperation means that as a credentialled member of PAWI, you will be faithful to the sacred trust of the ministry, and by due diligence will uphold uprightness in business matters, ministerial ethics, courtesy, self-sacrifice and purity, and will cherish the anointing of the Holy Spirit and avoid the very appearance of evil.

Voluntary Cooperation means that in the event that you adopt any views that may be contrary to the teaching held by PAWI, you will first take the matter up with your district's Bishop or district executive before advancing the same either privately or publicly. If a satisfactory understanding cannot be reached, you will voluntarily surrender your credential with PAWI and quietly withdraw in order to prevent divisions within the Fellowship's districts and churches.

District in which application is made: \_\_\_\_\_

Country in which application is made: \_\_\_\_\_

**CREDENTIAL FOR WHICH YOU ARE APPLYING:**

- Ordination
- License to Minister
- Certificate of Recognition
- Lay Worker's Certificate

**APPLICANT'S MINISTRY INVOLVEMENT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Christian Education             | <input type="checkbox"/> Men's Ministry        |
| <input type="checkbox"/> Youth Ministry                  | <input type="checkbox"/> Church Administration |
| <input type="checkbox"/> Music                           | <input type="checkbox"/> Pastor's spouse       |
| <input type="checkbox"/> Worship                         | <input type="checkbox"/> Minister's Spouse     |
| <input type="checkbox"/> Pentecostal Crusaders           | <input type="checkbox"/> Women's Ministry      |
| <input type="checkbox"/> Pastor                          | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> If other, please specify: _____ |  |

**Please print**

1. Full name \_\_\_\_\_ Identification No. \_\_\_\_\_

2. Address \_\_\_\_\_  
Street City State  
 E-mail \_\_\_\_\_ Telephone No. \_\_\_\_\_

3. Present country of residence \_\_\_\_\_

4. Please provide a list of your previous places of residence during the past 5 years (include countries and dates): \_\_\_\_\_

*(You may use additional paper if necessary.)*

5. Date of Birth     /     /     Place of Birth \_\_\_\_\_  
Day Month Year

6. Gender: Male  Female  Nationalities: \_\_\_\_\_

7. State names and ages of children:

NAME	Date of Birth			NAME	Date of Birth		
	Day	Month	Year		Day	Month	Year



16. Have you been born again according to John 3:5?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

17. Have you been baptized by immersion in water in the name of the Father, the Son, and the Holy Spirit according to Matthew 28:19?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

18. Have you received the baptism in the Holy Spirit with the initial physical evidence of speaking in other tongues according to Acts 2:4?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

19. Has your spouse been born again according to John 3:5?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

20. Has your spouse been baptized by immersion in water in the name of the Father, the Son, and the Holy Spirit according to Matthew 28:19?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

21. Has your spouse received the baptism in the Holy Spirit with the initial physical evidence of speaking in other tongues according to Acts 2:4?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

22. Of what church are you an official member? \_\_\_\_\_;  
Name of Church Telephone No  
\_\_\_\_\_  
Address of Church Email Address

23. Type of ministry in which you are presently engaged? (Please circle)  
Senior Pastor Assistant Pastor World Missionary  
Assistant to the Pastor District Departmental Leader Church Planter  
Evangelist Bible School Lecturer Teacher  
Other \_\_\_\_\_

24. Where are you presently serving? \_\_\_\_\_;  
Name of Ministry Telephone No  
\_\_\_\_\_  
Address of Ministry Email Address

25. Describe why you believe that God has called you into the ministry: \_\_\_\_\_  
(Use additional paper if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

26. Have you read and do you fully subscribe to the Statement of Faith as contained in the Constitution of the Pentecostal Assemblies of the West Indies, Article V?  Yes  No

27. Will you uphold privately and publicly proclaim the doctrines set forth in the Statement of Faith?  Yes  No

28. Have you read the Constitution and Bylaws of the Pentecostal Assemblies of the West Indies?  Yes  No

29. Are you willing to abide by the Constitution and Bylaws of the Pentecostal Assemblies of the West Indies?  Yes  No

30. Why do you desire to receive ministerial credentials with the Pentecostal Assemblies of the West Indies? \_\_\_\_\_

(Use additional paper if necessary.)

31. Do you understand that a credential holder will be subject to discipline should offenses be committed which are in breach of the Constitution and Bylaws or for which criminal charges may be laid?  Yes  No

32. State your occupation \_\_\_\_\_ How are you employed?

(Circle one category)      Unemployed;      Self employed;      Temporary;      Occasional;  
Contractual;      Permanent;      Other

33. Do you have any personal debts which are in arrears?  Yes  No. If yes, please explain \_\_\_\_\_

34. What is your present average monthly, family income range? (Circle one) U\$ 500 – U\$1000; U\$ 1001 – U\$ 3000; U\$ 3001 - U\$5000; U\$ 5001 - U\$ 7000; U\$ 7001 - U\$ 9000; over U\$ 9000

35. Have you cooperated with General Conference financial support provisions in your local church and district? (Constitution, Article XII, #2; Bylaw 5.3, #7)  Yes  No. If no, please explain \_\_\_\_\_

(Use additional paper if necessary.)

36. What is your belief and practice regarding tithing? \_\_\_\_\_

(Use additional paper if necessary.)

37. Are you a member of any secret order?  Yes  No. If so, which one? \_\_\_\_\_

38. Have you ever been convicted of a felony?  Yes  No

39. If the answer to question 38 is "yes", please provide an explanation on separate paper. Include any relevant court documents.

40. Are you aware of anything in your past which, if brought to light could bring reproach to the cause of Christ and the gospel?  Yes  No

41. Have you ever been subject to discipline by a religious body?  Yes  No

a) If yes, please explain fully on a separate sheet of paper. (Identify the issue, when and where each incident occurred, the religious body involved, and the outcome.)

42. Have you ever held credentials with any other district of the Pentecostal Assemblies of the West Indies?  Yes  No If yes, state:

a) Type of credential held \_\_\_\_\_ Date issued: \_\_\_\_\_  
Day Month Year

b) Active period of credential: \_\_\_\_\_ Date of release: \_\_\_\_\_  
Date to Date Day Month Year

c) Reason/s for relinquishing credential \_\_\_\_\_

43. Have you ever made application for credentials to any other PAWI District and been refused?  
 Yes  No

44. Since conversion, have you used tobacco, alcohol, illegal or recreational drugs in any form or been involved in gambling, immoral sexual acts or pornography?  Yes  No  
 If yes, please explain \_\_\_\_\_

(Use additional paper if necessary.)

45. State your Secondary School history:

NAME OF INSTITUTE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

46. State your Post-secondary School history:

NAME OF INSTITUTE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

47. State tertiary level programmes and qualifications:

NAME OF INSTITUTE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

48. State professional/vocational training and qualifications:

NAME OF INSTITUTE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

49. State formal Bible or ministerial training:

NAME OF INSTITUTE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

50. State any church school or correspondence courses completed:

NAME OF INSTITUTE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

51. State tertiary level Bible training:

NAME OF COLLEGE	DATE GRADUATED			CERTIFICATION
	Day	Month	Year	

52. It is required that you submit with this application, CERTIFICATION from all of the above colleges or schools which you have attended after high school. If you have not had any formal educational training for ministry, please indicate so by writing "none" in the blank space here. \_\_\_\_\_

53. Do you voluntarily consent to a background check?  Yes  No  
*(If your answer is no, your application will not be processed.)*

54. Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**REFERENCES:**

Give as references the names and addresses of three ordained ministers (preferably Pentecostal Assemblies of the West Indies). If the applicant is not a senior pastor, one of the ministers listed as a reference should be the applicant's senior pastor. In addition, please give the names of three friends, at least one of whom is beyond your church acquaintance, and two former employers. It is important that the people listed as references know you well enough to respond to the referees' questionnaire accompanying this application.

**MINISTERS**

1. Name \_\_\_\_\_; \_\_\_\_\_  
Telephone

Church Address \_\_\_\_\_  
Street City Country

2. Name \_\_\_\_\_; \_\_\_\_\_  
Telephone

Church Address \_\_\_\_\_  
Street City Country

3. Name \_\_\_\_\_; \_\_\_\_\_  
Church Address \_\_\_\_\_  
Street City Country  
\_\_\_\_\_

**FRIENDS**

4. Name \_\_\_\_\_; \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Country  
\_\_\_\_\_

5. Name \_\_\_\_\_; \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Country  
\_\_\_\_\_

6. Name \_\_\_\_\_; \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Country  
\_\_\_\_\_

**EMPLOYERS**

7. Name \_\_\_\_\_; \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Country  
\_\_\_\_\_

8. Name \_\_\_\_\_; \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Country  
\_\_\_\_\_



