

**PENTECOSTAL ASSEMBLIES OF THE WEST INDIES INTERNATIONAL**

**CREDENTIAL RENEWAL FOR FIVE-FOLD MINISTERS**

This form is to be used **only** by credentialed 'Five-fold' ministers who hold current credentials with the Pentecostal Assemblies of the West Indies. If you do not currently hold a Pentecostal Assemblies of the West Indies credential please complete and submit to the district office an 'Application For Ministerial Credentials'. Married workers must apply individually. Applicants for credentials should read carefully the qualifications in Bylaw 5.

After all questions have been fully considered and answered this application should be returned to the district secretary's office. This and any other requirements must be completed prior to an interview being scheduled with the district credentials committee.

Credential holders shall apply for renewal of credentials biennially and in accordance with the approved form. Failure to do so shall result in the lapse of the credentials. Ministers who have not renewed by December 31 of that year shall be recorded as lapsed and must make application for reinstatement and pay a \$50.00 reinstatement fee. Each district should submit an approved list of credential holders to the General Administrator by October 31<sup>st</sup> of each year (*Bylaw 5.5*).

This application should be accompanied by a credential fee of \$50.00 USD and one (1) passport size photograph. Credential holders who are over sixty-five (65) years are not required to submit fees.

i). District in which renewal application is made \_\_\_\_\_

ii). District which endorsed previous renewal \_\_\_\_\_ Previous Renewal Period \_\_\_\_\_

**FAMILY (Please print)**

1. Name \_\_\_\_\_ Sex: \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Identification No \_\_\_\_\_  
Day Month Year

4. Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

5. Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

6. Spouse's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Work Phone (\_\_\_\_) \_\_\_\_\_  
Day Month Year

7. Does your spouse hold credentials? Yes  No  Type \_\_\_\_\_

8. Number of children living at home \_\_\_\_\_ Number of children not living at home? \_\_\_\_\_

**MINISTRY**

9. What credential do you now hold? (*Please tick one box*)

Ordination  License to Minister  Certificate of Recognition  Lay Preacher's Certificate

10. Date you received it? \_\_\_\_/\_\_\_\_/\_\_\_\_ How long have you held credentials in present district? \_\_\_\_  
Day Month Year

11. Current Ministry Designation: (*tick appropriate box*)

Apostle  Prophet  Evangelist  Pastor  Teacher  Missionary  Other

12. If other, describe \_\_\_\_\_

13. Name of Home Church \_\_\_\_\_

14. Address of Church \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
15. Church Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

16. State classification of your assembly: Pioneer \_\_\_\_ Branch \_\_\_\_ Dependant \_\_\_\_ Autonomous \_\_\_\_

17. If staff member, state position \_\_\_\_\_

**WORKER SUPPORT**

18. How are you supported? a) Church \_\_\_\_\_ b) Missions \_\_\_\_\_ c) District \_\_\_\_\_

19. Are you secularly employed? Yes  No  If so, where? \_\_\_\_\_  
Hours per week worked? \_\_\_\_\_ Nature of occupation \_\_\_\_\_

20. To which ministerial support provisions listed below do you contribute?

<b>A. Item</b>	<b>By Self</b>	<b>By Church</b>	<b>By District</b>	<b>By Fellowship</b>
1. Life Insurance	Yes 0 No 0			
2. Pension Fund	Yes 0 No 0			
3. Health & Dental Plan	Yes 0 No 0			
4. Superannuation	Yes 0 No 0			
5. Retirement Benefits	Yes 0 No 0			
6. National Insurance	Yes 0 No 0			

**B. Give further information on any of points 1 – 6:** \_\_\_\_\_

**CHURCH GROWTH**

21. State approximate number of times you have preached during the past year? \_\_\_\_\_

22. Are you actively engaged in some other aspect of ministry? Yes  No  If yes, describe ministry \_\_\_\_\_

23. Please fill in membership data of your assembly for the past year in table below:

Members on Roll at January 1 <sup>st</sup> , 20	Active Members	Inactive Members	Members added by Conversion	Members added by Transfer	Number Water Baptized	Number Holy Spirit Baptized	Members on Roll at Dec 31 <sup>st</sup>

24. How many babies were dedicated during the past year? \_\_\_\_\_ No. added to cradle roll \_\_\_\_\_
25. How many marriages were solemnized during the past year? \_\_\_\_\_
26. State membership losses by: a) transfer \_\_\_\_\_ b) death \_\_\_\_\_ c) migration \_\_\_\_\_ d) termination \_\_\_\_\_
27. Has your assembly been engaged in any special meetings over the past year? Yes  No
28. Indicate the type and number of special meeting your assembly held over the past year:  
 evangelistic \_\_\_\_; missionary rallies \_\_\_\_\_; training seminars \_\_\_\_\_; holy convocations \_\_\_\_\_;  
 other special occasions/ meetings \_\_\_\_\_
30. Has your assembly started any new work during the past year? Yes  No   
 If yes, indicate the type, e.g. Sunday School \_\_\_\_\_ Bible Club \_\_\_\_\_ Outstation \_\_\_\_\_ Other \_\_\_\_\_

**ADMINISTRATION**

31. Do you have a functioning Church Board in accordance with PAWI Bylaws 9.8? Yes  No   
 If no, give reason/s why \_\_\_\_\_
32. Do you hold an annual business meeting in accordance with PAWI Bylaws 9.3? Yes  No   
 If no, give reason why \_\_\_\_\_
33. Are departments and ministries functioning in cooperation with Fellowship guidelines, (Bylaw 10)?  
 Yes  No  (If no, use separate sheet to explain.)
34. What is your average monthly offerings last year? \_\_\_\_\_ What was the average the  
 State currency  
 previous year? \_\_\_\_\_  
 State currency
35. What is the current value of church lands? \_\_\_\_\_ Buildings \_\_\_\_\_  
 State currency State currency  
 Furniture, fixtures and fittings \_\_\_\_\_  
 State currency
36. Date of last valuation of lands and property? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Day Month Year
37. Are all properties covered by insurance? Yes  No
38. 1. Have you fulfilled financial support requirements in accord with PAWI Constitution (Article XI, # 2)  
 and Bylaws 5 during the last term? a) **Tithes:** Yes  No ; b) **Designated Missions** Yes   
 No  c) **Undesignated Missions** Yes  No  d) **West Indies School of Theology** Yes  No   
 2. If no for any, state why and what is your indebtedness? \_\_\_\_\_
39. Has your assembly submitted audited financial statements for the last financial year? Yes  No   
 If no, please explain \_\_\_\_\_
40. On separate sheet of paper, state your assembly's goals and projections for the next two years.

**FELLOWSHIP RELATIONS**

- 41. Have you attended the last two District Conferences? Yes  No
- 42. Have you attended the last PAWI General Conference? Yes  No
- 43. Are you willing to abide by the Constitution and Bylaws of the Pentecostal Assemblies of the West Indies? Yes  No
- 44. Do you fully subscribe to PAWI's Doctrinal Statement of Faith? (Constitution, Article V) Yes  No
- 45. Do you publicly proclaim these Statements of Fundamental Doctrine from the pulpit? Yes  No

**If your answer to question 44 or 45 is "No" please complete question 46.**

- 46. i) If your present viewpoint DIFFERS from that of the General Conference in any of the following areas, please check: (Constitution, Article V)
  - a. Inerrancy of the Word of God; Yes  No
  - b. Speaking in other tongues as the initial physical evidence of the baptism in the Holy Spirit; Yes  No
  - c. Water baptism by immersion in accordance with Matthew 28:19; Yes  No
  - d. Premillennial return of our Lord Jesus Christ; Yes  No
  - e. Divine healing; Yes  No
  - f. Eternal Security Yes  No
  - g. Regeneration Yes  No
- ii) If you differ from General Conference viewpoint in any of the above areas, or in any other area of Doctrinal belief, please define your viewpoint on a separate sheet of paper.

If 65 years or older, indicate your category: Senior-Active  Senior-Semi retired  Senior-Retired

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY DISTRICT OFFICE ONLY**

Exam Grade: \_\_\_\_\_ Date of Interview by District Credentials Committee \_\_\_\_\_

The \_\_\_\_\_ District approved  did not approve  this candidate on \_\_\_\_\_, 20\_\_ and is recommended  Not recommended  to the General Executive for \_\_\_\_\_ Credential.

Signed: \_\_\_\_\_  
District Presiding Bishop DISTRICT STAMP

**THIS SECTION IS TO BE COMPLETED BY GENERAL EXECUTIVE OFFICE ONLY**

I hereby endorse granting the credential \_\_\_\_\_ to the  
applicant as recommended by the District Conference and/or Executive of  
\_\_\_\_\_ District, and approved by the General Executive of the  
Pentecostal Assemblies of the West Indies on this \_\_\_\_\_ day of \_\_\_\_\_ 20

Signed: \_\_\_\_\_

**General Bishop**

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