



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 ordained 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 district office**. (The addresses for the district offices are listed in this application). If your credentials are held with Mission Global, you must complete the Ordination process with MG. 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 Executive. Upon district approval, the National Credentials Committee will issue the credentials.

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: info@bcyd.ca

EASTERN ONTARIO & NUNAVUT 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

12140 - 103 Street NW
Edmonton, Alberta T5G 2J9
Phone: (780) 426-0018 Fax: (780) 420-1318
E-mail: credential@abnwt.com

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

604 Webster Street
Saskatoon, Saskatchewan S7N 3P9
Phone: (306) 683-4646 Fax: (306) 683-3699
E-mail: info@paocsk.ca

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

MANITOBA & NORTHWESTERN ONTARIO DISTRICT

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

SLAVIC CONFERENCE

118 Ninth St
Toronto, Ontario M8V 3E4
Phone: (905) 242-5982
Email: oleg.stepus@paoc.org

WESTERN ONTARIO DISTRICT

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

FINNISH CONFERENCE

2570 Bayview Avenue
Toronto, ON M2L 1B3
Phone: (416) 222-2291

CHECK LIST

- Application form (completed and signed)
- Fee of \$100 (**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: F M
- c) Street Address: _____ Phone: Home (_____) _____
City: _____ Work (_____) _____
Province: _____ Postal Code: _____ Cell (_____) _____
- d) Birth date (M/D/Y): _____ Citizen (Country): _____
Month Day Year
- e) Birthplace: _____ Province and Country: _____

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

- a) Applicant's Current Marital Status: Maiden/Previous Surname (if applicable): _____
 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 divorced? 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 advised that a supplementary form entitled "Divorce and Remarriage Credential Application" is also required. If you are divorced and wish to remarry, the "Application to Retain Credentials" is required. Please contact your district office for direction.

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: F M
- c) Birth date (M/D/Y): _____ Citizen (Country): _____

5. DEPENDENT CHILDREN

a) Please include the following information regarding your dependent 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 ORGANIZATION INVOLVEMENT

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

	Credential Level	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 ministry 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:

d) What church do you currently attend?

Name: _____

Address: _____

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

Chaplaincy

Counselling

Pastoring

Teaching

Youth

Children

Other (describe):

9. PERSONAL LIFE AND MINISTRY

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

b) Provide a 1-2 page reflection paper on your ministry journey addressing what you've learned about yourself, your ministry highs/lows, and your goals in the coming years. Provide a separate sheet.

I have attached my reflection paper on a separate sheet

c) What ministry and/or professional resources do you access, engage with, or follow?

d) What professional development have you been engaged in (i.e., 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?

10. PERSONAL INTEGRITY (Please read carefully)

a) 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

b) 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

c) Have you ever engaged in conduct which could result in legal charges being laid against you (e.g. child, adult, or elder abuse or any other criminal activity)? Yes No

d) Have you been the litigant or defendant of a civil legal action, personally or professionally? Yes No

If you answer yes to a), c) or d) and wish to offer clarifying comments, please do so here :

11. 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:

- | | | |
|------------------------------|--------------------|---------------------------|
| ___ Spirit Baptism | ___ 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 organization?

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?

12. COMMUNITY MINISTRY

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

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

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

13. 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 / Incorporation documents (if applicable)	
Constitution and By-Laws		Deacon Board Minutes	
Property Deeds		Mortgage & Insurance Documents	

14. 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 / Mission Global 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? _____

15. REFERENCES (must be submitted directly to your district office by the referee)

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 Mission Global, 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	

16. WAIVER

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 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.

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. In addition, credential related information will be shared between the PAOC and my district office/MG as applicable.

Signature of Applicant _____ **Date** _____