

Attach a recent photograph of yourself here.



APPLICATION FOR REINSTATEMENT
PENTECOSTAL CHURCH OF GOD
PO Box 211866 Bedford, TX 76095
Phone: (817) 554-5900
Proclaiming Bible Truth in Pentecostal Power
MISSION: Exalt the Lord, Edify the Church, Evangelize the

FOR GENERAL OFFICE USE
 Approved
 Denied
Acct # _____
Date Received _____
Date Approved _____
Approved by. _____

DISTRICT NAME: _____

Applicant Information

Full Name _____ Gender _____ Acct # _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Social Security # _____
Date of Birth _____ Place _____ Date of Conversion _____ Place _____
Marital Status: Single Married Widowed Divorced Marriage annulled

If married, give full name of spouse _____

Have you had a marriage change since you last held credentials with the Pentecostal Church of God? Yes No
If yes, what was the change? Spouse deceased Divorce(s) How many? _____ Marriage(s) How many? _____
If this is a new marriage, has your spouse been divorced? _____ If yes, how many times? _____

(If either you or your spouse have been divorced, a Marriage Questionnaire must be completed for each divorce and submitted with at least three Substantiation Documents; One Ministerial, two additional ones with one being a non-family member.)

Name of the district in which you were a member when your affiliation terminated _____
Name of the district through which you are now applying for reinstatement _____
Why did you leave the Pentecostal Church of God? _____

Credentials you held when terminated: Ordination License Exhorter
Credentials for which you are applying: Ordination License Exhorter
Type of ministry in which you are presently engaged: Pastor Evangelist Other
If a pastor _____
(Name of Church) _____ Location _____

What is your primary ministry calling? Pastor Evangelist Other
Explain _____

Did you owe any credential fees when your credentials were terminated? Yes No
If so, have these been paid? Yes No
Have you ever been convicted of a felony? Yes No
Have you ever been convicted, indicted or under investigation for child sexual abuse and/or any other criminal sexual conduct? Yes No
Have you ever filed bankruptcy? Yes No
Are you a U.S. citizen? Yes No
Have you read, and are willing to abide by, the current District and General Bylaws? Yes No
Do you, without reservation, fully subscribe to the Pentecostal Church of God doctrinal statement as contained in the General Constitution and Bylaws, and will you practice and proclaim them from the pulpit? Yes No
If your present viewpoint DIFFERS from that of the Pentecostal Church of God, please explain on a separate sheet of paper.

What local church are you currently attending and where is it located? _____

How long have you been attending? _____

Are you involved in full-time ministry through the ministries of your Church? _____ For how long? _____

Are you involved in active ministry? (Active is defined as weekly involvement) _____ For how long? _____

What is your present ministerial position? _____

What are the responsibilities of this position? _____

Are you deriving financial support from this position? _____

Pastor's Signature _____ Date _____

Sectional Presbyter's Signature _____ Date _____

Any false information provided by the applicant during the application process will result in the rejection of the application or the automatic forfeiture of the applicant's credential.

Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same as a condition to obtaining and maintaining my credentials. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I authorize and direct every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Pentecostal Church of God any such information, including but not limited to documents, records, or other information regarding charges or complaints of any kind filed against me, formal or informal, pending or closed, and to permit the above-named Denomination or any of its agents or representatives to inspect and make copies of such documents, records, and other information. This authorization shall expire 90 days after the date of this application. I also agree to execute any new authorization which may be required by the above entities at any time during the term of my credentials. I further authorize the Pentecostal Church of God to disclose to the above described entities any and all information contained in this application or obtained during the application process.

I hereby release, discharge, and exonerate the Pentecostal Church of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Denomination including but not limited to negligence, liable slander or any other intentional sort. The Pentecostal Church of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false, inaccurate or incomplete.

I have read, fully understood and signed the foregoing Authorization and Release of my own free act and deed.

Applicant's Signature

The filing of suit against Pentecostal Church of God for any reason shall result in forfeiture of the applicant's credentials.

Applicant's Signature

I further acknowledge that I am not making application for employment with the Pentecostal Church of God, Inc., and the granting of credentials does not make me an employee of the same.

Applicant's Signature

Give three references. Include 1) pastor; 2) family; and, 3) one other person not related.

***A reference letter from a pastor (signed by a pastor) should accompany this application.**

Name	Address	City/State/Zip	Phone
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

TO BE COMPLETED BY DISTRICT

Approved by the Board of _____ Date: _____

Applicant was terminated due to _____

Approved for: Ordained License Exhorter

Signed _____

District Bishop or District Secretary