

REINSTATEMENT APPLICATION FOR MINISTERIAL CREDENTIALS

The General Council of the Assemblies of God

Complete **both sides of this form**. Mail the form to your district office for endorsement. The district office will forward it to the General Council office. This form must be accompanied by a fee of \$100 to cover the cost of reinstatement. Of this amount \$50 is to be retained by the district council and \$50 to be forwarded to the General Council office. (Please contact your district office for any additional fees).

Level of credentials previously held:
ORDINATION
LICENSE
CERTIFICATE OF MINISTRY

"Support of Headquarters" - General Council Bylaws, Article VII, Section 10, paragraph f
Ordained - \$25 per month
Licensed - \$20 per month
Certified Minister - \$10 per month

1. Name _____ Acct. No. _____
Year Credentialed _____
2. Permanent mailing address _____ Social Security No. _____
Physical address (if different) _____ Date of birth (m/d/yr) _____
City, State, Zip _____ Home Phone _____
Cell Phone _____
3. Present county of residence _____ E-mail _____
Ethnicity _____
4. Gender at birth Male Female Spouse gender at birth Male Female
5. Do you voluntarily consent to a General Council mandated background check? Yes No
If your answer is no, your application will not be processed.
6. U.S. Citizen? Yes No
If you are not a U.S. Citizen, do you have the right to work in the U.S.? Permanently Yes No Temporarily Yes No
Type of visa or worker's permit and expiration date _____ *Attach a copy of documentation*
7. Present marital status: Single Married Divorced Widowed Number of Children _____
8. Full name of spouse _____ Spouse's date of birth (m/d/yr) _____
9. Have you ever been divorced or had a marriage annulled? Yes No Your spouse? Yes No
10. If yes to above question, date of divorce/annulment _____ Date of divorce/annulment (spouse) _____
11. Have you or your spouse a former spouse still living? _____ If so, give full particulars on a separate sheet of paper.
12. Of what district were you a member when affiliation terminated? _____
13. Name of district through which you are now applying for reinstatement? _____
14. Type of ministry in which you are presently engaged: Lead Pastor Church Staff Member Evangelist AG World Missionary
US Missionary Bible College Teacher Other _____
15. If a pastor: _____
(Name of Church and Location)
16. During the time you have not been credentialed with the Assemblies of God have you obtained credentials with another organization? Yes No
17. If your answer is yes, please complete the following:
 - a. The name of the denomination or ministerial credentialing body _____
 - b. The type of credential held _____
 - c. The period of time during which the credential was active _____
 - d. If approved for reinstatement of your credentials are you willing to provide evidence of termination of current credentials? Yes No
18. Are you willing to financially support the General Council and the district council as prescribed by each? Yes No
19. Do you fully agree with the Statement of Fundamental Truths (General Council Constitution Article V)? Yes No
20. Do you not only believe these statements of fundamental doctrine, but do you publicly proclaim them from the pulpit? Yes No
21. Please describe the development of or any changes in your doctrinal views regarding the statement of Fundamental Truths since you were last credentialed with us.

Use a separate sheet of paper if needed.

Please make sure you complete the back side of this form and sign it.

22. Of what church are you a member and/or attend? _____
23. Do you have any other occupation for which you receive wages, salary or commissions? _____
24. What type of occupation? _____
25. How much time do you devote to this occupation? _____
(Give average hours worked per week during past year)
26. Please provide a list of your previous places of residence during the past 5 years (include counties and dates).

REFERENCES

Should be **ORDAINED MINISTERS**
Preferably Assemblies of God. One should be the applicant's pastor.

1. Name _____ Phone _____
 Address _____
Street City State Zip
 E-mail address _____
2. Name _____ Phone _____
 Address _____
Street City State Zip
 E-mail address _____
3. Name _____ Phone _____
 Address _____
Street City State Zip
 E-mail address _____

Signature: _____ Date: _____
 Of Applicant

For District Use Only	
Applicant was terminated on _____ <small>(Date)</small>	Exam grade if applicable _____
Due to _____	
<small>(Reason)</small>	
This application for reinstatement is:	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signed by Superintendent or Secretary (Strike out one) _____	Date _____