Photo of Spouse

## OPEN BIBLE STANDARD CHURCHES 36-40 Ruth Avenue, Les Efforts West, San Fernando.

Photo of Applicant

## APPLICATION FOR RENEWAL OF CREDENTIALS <u>ASSOCIATE MINISTER</u>

## **INSTRUCTIONS:**

- Please do not leave blank spaces. Wherever no comment is applicable insert a dash or N.A. (not applicable).
- 2. Please enclose two (2) recent passport size photographs and one (1) of spouse.
- 3. A fee of \$50.00 must accompany each renewal.
- 4. Late renewals shall incur a penalty fee of \$25.00. A renewal is deemed late when it arrives after January 15th, of the credentialing year.
- 5. There shall be a grace period of 16 days after the given closing date for submitting renewal of credentials.
- 6. Failure to renew credentials or failure to remit credential fees will mean the expiration of credentials.
- 7. No minister is permitted to continue with his official duties if he/she fails to have his/her credentials renewed.
- 8. All credentials are valid only for the period printed on the credential card.
- 9. An application is considered incomplete if any of the required documents is omitted.
- 10. A Confidential Report from the applicant's Senior Pastor/District Superintendent and a Confidential Personal Reference from applicant's employer must be received before any renewal is considered.
- 11. If unemployed or self employed the Confidential Personal Reference should be completed by a person of established reputation in the community.

I	First Name:	Last Name:					
I	ease complete questions (a) to (I) if there are changes:						
ć	a) Address:						
I	o) Telephone: Home	Office Cell:					
	E-Mail:	_					
(	c) Marital Status: Single□ Widowed□	Engaged□ Married□ Divorced□ Remarried□					
	Separated□						
(	d) Residing with your spouse? Yes	No □ N.A. □					
(	e) Spouse's name:	Date of marriage:/					
1	f) Has your spouse lived away from hor	ne for a period exceeding 3 months during the					
	past year? Yes   No   No.A.	No. of children Ages					
(	If remarried, is your former spouse alive?						
ı	h) Has your spouse been divorced	? If yes is his/her former spouse					
	alive?						
i	) Are you presently employed? Yes $\square$	No $\square$ .					
j	Employer						
	Address	Phone					
ı	k) Date employed	Current Position					
) N	MINISTRY:						
,	What church are you currently attending	and what position/s do you hold?					

(Use separate paper if necessary). **Ministry Activity Comments** Tick Here Sunday school Water Baptism Youth Ministry Counseling Bible Study Teaching Visitation Leading small groups Prayer Ministry Worship Ministry Evangelism / Missions Planning projects Supervision work Preaching Mentoring Other ministerial activities in which you are engaged. (e.g. Bible School instructor etc.) Are you holding ministerial credentials with any other organization? 5. Yes □ No □ (Explain if answer is YES) \_\_\_\_\_ C) SPIRITUAL LIFE Do you have a consistent devotional life? Yes □ 6. No □ 7. List two of your major spiritual goals. List your strengths and gifting: 8. 9. Are there areas of your growth about which you have particular concerns? Yes□ No□ Please explain \_\_\_\_

If **not pastoring** place a tick  $\sqrt{\text{next}}$  to the ministerial activities in which you are currently

involved and add brief comments and highlights of your ministry during the past year.

4.

	Explain					
	FINANCIAL STEWARDSHIP					
	What gross financial support do you receive from:					
	a) Church: SALARY ALLOWANCE NONE					
	b) Other sources: SALARY ALLOWANCE NONE					
	With what consistency and certainty do you receive financial support?					
	MONTHLY □ BI-MONTHLY □ OTHER □ Have you received any offerings toward your personal support during the past ye ministry? Yes □ No□					
	If you are the Senior Pastor:					
	a) Are you satisfied with the system of financial accounting in your church?					
	Yes □ No □ Not really □ Is your church consistently supporting O.B.S.C. Inc.					
	LEFM Programme? Yes □ No □ Not sure □					
	Are you registered in a Pension or Annuity Plan? Yes □ No □					
	Do you have debts, which you haven't paid, or are not paying? Yes $\hfill\square$					
	Are you reasonably satisfied with the handling of your personal finances? Yes $\ \square$ No					
	If not, would you like us to recommend a financial advisor/counselor? Yes   No I					
	HEALTH					
	When last did you have a Medical check-up?					
	Please indicate the result by ticking one of the following:					
	i) No Illness □					
	ii) Illness - well controlled □					
	iii) Illness – not well controlled $\hfill\Box$ (please explain under confidential cover)					
	Are these habits a normal part of your lifestyle?					
	Rest □ Vacation for family □ Exercise □					
	Are you registered in OBSC's Medical plan or have Medical Insurance otherwise?					
	Yes □ No □					
	FUTURE THRUST					
	Do you have any suggestions for the improvement of this organization? Yes $\hfill \square$					
	Please explain					

D)

**EDUCATION/TRAINING** 

	•					•	is commensur er loss yourse					
1	the flo	ock of God?	Yes □ I	No □ Not s	ure 🗆							
24.	Will y	ou work at	all times in	n harmony v	with the	organization	supporting the	e standards,				
(	doctrines and policies? Yes □ No □ Not sure □											
25.	Will you submit yourself to those in authority over you in the Lord, honoring and											
(	esteeming them under God? (Rom. 13:1; 1 Thess. 5:12, 13)											
,	Yes 🗆	No □ N	lot sure □									
26.	Will you be held to the Scriptural standard of not taking a 'brother' to court (1Cor. 6:1-8)?											
•	Yes 🗆	No □ No	ot sure □									
Sigr	nature	of Applicar	nt			Dat	e:					
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H)

**COVENANT PROMISE**