



# MINISTERIAL APPLICATION

The International Pentecostal Holiness Church, Inc.

### OUR MISSION:

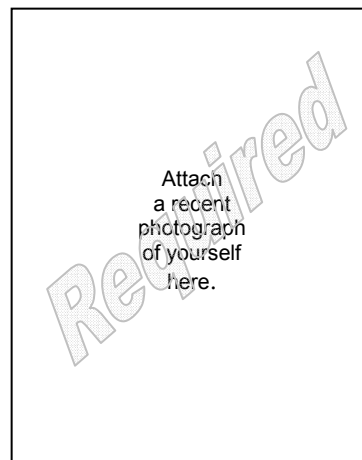
*To multiply and mature believers and churches, discipling them in worship, fellowship and evangelism as we obey the Great Commission in Cooperation with the whole Body of Christ.*

This form is to be completed by all candidates applying for ministerial credentials for the first time. It is to be returned to the conference office. All questions must be answered clearly and fully. PRINT WITH BLACK INK OR USE A TYPEWRITER. If sufficient room is not found on the form for a proper answer to any question, state your answer on a separate sheet of paper.

**Conference Name:** Appalachian Conference, P.O. Box 1086, Dublin, VA 24084

### APPLICATION FOR:

- Local Church Minister's Certificate
- Minister of Church Education License
- Minister of Music License
- Minister's License
- Certificate of Ordination
- Transfer
- Reinstatement



### APPLICANT:

1. Full Name \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
3. Phone - Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Date of Birth \_\_\_\_\_ 7. Place of Birth \_\_\_\_\_ 8. Nationality \_\_\_\_\_
9. Sex:  Male  Female
10. Marital Status:  Single  Married  Divorced\*  Widow/er
11. Spouse's Full Name \_\_\_\_\_
12. Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
13. Anniversary Date \_\_\_\_/\_\_\_\_/\_\_\_\_
14. Have you or your spouse been previously married?  Yes  No
15. If yes, how was the marriage(s) terminated?  Divorce  Widowed  Annulment  
\*Please include a copy of the divorce decree and give details of divorce along with circumstances; use separate sheet of paper.
16. Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_
17. Give three references. Include (1) \*pastor; (2) businessman; and, (3) one other person not related.  
**\*A reference letter from the pastor (signed by the pastor and the church secretary) should accompany this application.**

NAME	ADDRESS	CITY/STATE/ZIP	PHONE
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
18. Present Occupation: \_\_\_\_\_
19. Have you ever been convicted of a felony or misdemeanor (excluding minor traffic offenses)?  
 Yes  No If yes, explain \_\_\_\_\_
20. Do you agree to furnish us with a criminal/credit background check?  Yes  No
21. Are you a member of any secret society such as the Masonic Lodge or the Scottish Rite?  Yes  No

**EDUCATION:**

EDUCATION	Name and Location of School	No. of Years Attended	Date Completed	Degree Earned
HIGH SCHOOL				
COLLEGE				
GRADUATE/ SEMINARY				

Have you completed the International Pentecostal Holiness Church's (IPHC) ministerial training course?

- First Year  
 Second Year  
 Third Year  
 Equivalent training

(Give details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will you take advantage of the opportunities made available for training, instruction, information, and inspiration (i.e. continuing educational programs for ministers) to make you a better leader?

- Yes  
 No

**EMPLOYMENT HISTORY:**

COMPANY NAME	SUPERVISOR (Name & Phone Number)	POSITION HELD	DATES (From mm/yy – To mm/yy)

**CHURCH EXPERIENCE:**

- When did you accept Jesus Christ as your personal Savior? \_\_\_\_\_
- Have you been baptized with the Holy Spirit with the initial evidence of speaking with other tongues (Acts 2:4)?  Yes  No  
 Is this and other evidences and/or gifts of the Holy Spirit regularly manifested in your life?  Yes  No
- Have you been baptized in water according to Matthew 28:19?  Yes  No
- Have you been sanctified and are you being sanctified?  Yes  No  
 Please give a brief explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Have you read the BIBLE through at least once?  Yes  No
- Do you believe the BIBLE to be the inerrant Word of God?  Yes  No
- How long have you been a member of the IPHC? \_\_\_\_\_  
 Other denominations? \_\_\_\_\_
- If you are transferring, from what denomination/fellowship are you transferring? \_\_\_\_\_  
 \_\_\_\_\_
- Place of local IPHC church membership \_\_\_\_\_
- Have you previously held credentials with the IPHC or another denomination?  Yes  No



**INFORMATION AUTHORIZATION AND RELEASE**

I, the undersigned, having filed an application for credentials with the **APPALACHIAN CONFERENCE** (herein referred to as "Conference") of the International Pentecostal Holiness Church consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the above-named Conference. I agree to give any further information which may be required in reference to my past history.

I authorize and request 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 Conference of the International Pentecostal Holiness Church any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the above-named Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the Conference of the International Pentecostal Holiness Church, 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 Conference. The Conference of the International Pentecostal Holiness Church 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 or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_

My commission expires: \_\_\_\_\_

**CONFERENCE OFFICE USE ONLY**

Date received in conference office \_\_\_\_\_

Approved \_\_\_\_\_ Deferred \_\_\_\_\_ Denied \_\_\_\_\_

Local Church Minister's License     Minister's License     Certificate of Ordination     Reinstatement

Date applicant notified \_\_\_\_/\_\_\_\_/\_\_\_\_      Certificate/Card-mailed/awarded \_\_\_\_/\_\_\_\_/\_\_\_\_

Superintendent's Signature \_\_\_\_\_

If applicant is a ministerial transfer (from another denomination) complete and forward this form to the General Superintendent's Office.

I,     do     do not    approve this transfer. Completed on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

General Superintendent's Signature \_\_\_\_\_

(Original will be returned to conference and a copy will be retained by the General Superintendent.)

## RECOMMENDATION FOR PASTOR AND LOCAL CHURCH

I, \_\_\_\_\_(pastor)  
recommend \_\_\_\_\_(candidate) to the  
Appalachian Conference International Pentecostal Holiness Church as a Local Church Minister  
\_\_\_\_\_, Minister \_\_\_, Minister of Church Education. License \_\_\_, Minister of Music  
License \_\_\_\_\_. He/She has been faithful to the local church and has demonstrated  
leadership qualities spiritually as well as other evidences of a call to the ministry. He/she is also  
recommended by the \_\_\_\_\_Pentecostal  
Holiness Church.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Church Secretary

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We, the Examining Committee of the **APPALACHIAN CONFERENCE, I.P.H. CHURCH**, have duly examined \_  
\_\_\_\_\_ (candidate) and do hereby recommend the following  
action on the part of the Conference.

\_\_\_ License \_\_\_ Ordination \_\_\_ Transfer \_\_\_ Reinstatement \_\_\_ Local Church Ministers License  
\_\_\_ Ministers License \_\_\_ Minister of Church Education License \_\_\_ Minister of Music License.

\_\_\_ Have candidate complete study course and reapply

\_\_\_ Further training required

\_\_\_ Not recommended at this time

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Committee Chairman \_\_\_\_\_



## Appalachian Conference, IPHC Ministry Center

P.O. Box 1086  
Dublin, Virginia 24084  
540-674-4131/Office & Fax

DATE: September 2, 2010

TO: All Ministerial Applicants  
(Including Requests for Transfer into the Appalachian Conference)

FROM: Bishop K. Preston Mathena

RE: National Background & Credit Report Check

Thank you for your interest in becoming a part of the ministry team within the Appalachian Conference International Pentecostal Holiness Church. It is our desire to serve you in the best possible matter regarding the processing of your application. Our Executive Council meets monthly, so your application will be processed in the order it was received when all the information is completed and returned to our office.

As a conference *Ministry Center*, one of our main objectives is to serve the churches and congregations within our conference in the best possible way. As a part of our "church risk management" procedures, the 2009-2013 IPHC Manual requires that **"all ministerial applicants who apply for ministerial credentials with the Appalachian Conference will be required to submit to a background and credit report check. A \$35.00 processing fee will be required from all ministerial applicants after January 1, 2010."** This fee will apply toward the costs of filing and processing the required form with Innovative Credit Solutions. This document is included in your ministerial application package.

The Authorization And Release Of Personal Background Information form must be fully completed in and legible, signed by you, and properly notarized. This follows the same manner as your ministerial application, which requires signature and notarization. **The AUTHORIZATION AND RELEASE OF PERSONAL BACKGROUND INFORMATION form and fee must be received back in the conference office along with all other required forms before your International Pentecostal Holiness ministerial application can be processed. At that time our office will be able to begin to process your ministerial application.** Please make your check or money order payable to the "Appalachian Conference."

Thank you for your cooperation.

Sincerely yours,

K. Preston Mathena  
Bishop



# Appalachian Conference, IPHC Ministry Center

P.O. Box 1086  
Dublin, Virginia 24084  
540-674-4131/Office & Fax

## AUTHORIZATION AND RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize **Innovative Credit Solutions**, 1009 Ferguson Street, P.O. Box 1386, Columbia, SC 29202 and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current status, a credit report, criminal records (including felony and misdemeanor records), motor vehicle records, employment, education and any other background information needed in connection with a(n) Ministerial and/or Employment application to the Appalachian Conference, IPHC Ministry Center.

Person reports are requested on (please print):

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Do you go by any other name/nickname?: \_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_

A copy of a prospective employee's/ministerial application may be needed for processing some of the pre-employment reports.