



128 E. Church St. P.O. Box 142 Athens, MI 49011 Office: 269-729-5685

Athens Christian Center Credentialing Application

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: home (____) _____ work (____) _____ cell (____) _____

EMAIL: _____

PERSONAL

Date of Birth: ___/___/___ Age: _____ Gender: (circle one) Male Female

Marital Status

__Single __Married __Separated __Divorced __Widowed (When: _____)

(If separated or divorced, please attach explanation)

Name of Spouse (if married): _____ Birth Date: ___/___/___ Age: _____

Is your spouse in agreement with your ministry? __Yes __No

Number of Children: _____ Names of Children: _____

EDUCATION

High School: _____ Years: _____ Diploma: _____

College: _____ Years: _____ Degree: _____

Bible College: _____ Years: _____ Diploma: _____

Other: _____ Years: _____ Diploma: _____

FAMILY

Briefly describe your relationship with family listed below:

Spouse: _____

Child: (name: _____) _____

Child: (name: _____) _____

Child: (name: _____) _____

(If there are more please use separate sheet of paper)

Your family life (all those living in your household): _____

Your Parents: _____

Your Spouse's Parents: _____

HEALTH

Please describe any physical or emotional conditions, and state and special attention, treatment, or medication required: _____

EMPLOYMENT

Present Employer: _____

Address: _____

Phone Number: (____) _____ Job Title/Function: _____

FINANCIAL

*Are your bills current? ___Yes ___No
(If no, please provide a brief explanation)*

*Have you ever filed bankruptcy? ___Yes ___No
(If yes please provide a brief explanation)*

*Are you regularly giving tithes and offerings to your home church? ___Yes ___No
(If no, please provide a brief explanation)*

CHURCH LIFE

What church are you currently attending? _____

Do you attend church regularly? ___Yes ___No *How Long:* _____

Are you a member? ___Yes ___No

Pastor's Name: _____

Office Phone: (____) _____ *Cell Phone:* (____) _____

Address of the Church: _____
(Street) (City) (State) (Zip)

Who is your mentor at this time? _____

SPIRITUAL

When were you converted to Christ? _____

Have you been immersed in Water Baptism? ___Yes ___No

Have you been baptized by the Holy Spirit? ___Yes ___No

If no, are you seeking it? ___Yes ___No

State any Christian service you have done: _____

Please state your ministry focus/passion: _____

Please state your weaknesses: _____

HISTORY

(Answering YES to the following questions will not automatically disqualify the applicant from acceptance)

Are you currently dealing with, or have you dealt with addictive behavior? ___Yes ___No

(If yes, please provide a brief explanation): _____

Have you ever been involved in Homosexuality or Lesbianism? ___Yes ___No

(If yes, how long since last involvement): _____

Have you ever been involved in pornography? ___Yes ___No

(If yes, how long since last involvement): _____

Have you ever been involved in an intimate relationship outside of marriage? ___Yes ___No

(If yes, please provide a brief explanation): _____

Have you ever been arrested? ___Yes ___No

(If yes, please provide a brief explanation): _____

Were you convicted? ___Yes ___No

(If yes, when and where)? _____

If yes, please provide a brief explanation): _____

Have you ever been involved in the occult, witchcraft, or cults? ___Yes ___No

(If yes, please provide a brief explanation): _____

AGREEMENT

I verify that the information on this application is true and correct. I hereby certify that I have read Athens Christian Center's packet including Statement of Purpose, Basic Requirements, Statement of Faith, Levels of Credentialing, and Related requirements, and accept them, and agree to abide by them while credentialed with Athens Christian Center.

(Applicant's Signature)

(Date)

Athens Christian Center's Board reserves the right to require the withdrawal of any member who is considered to be out of harmony with the spirit of this fellowship.

PLEASE LIST THREE REFERENCES- including one from your Senior Pastor. Also, one of the people listed must be connected to or licensed with Athens Christian Center or Global Legacy. Each of these will be mailed a confidential questionnaire which they will return directly to Athens Christian Center. You can also download the questionnaire from our website and hand it to them; this will speed up the process. If you are the Senior Pastor, please include a reference from one of your peers.

NAME: _____

ADDRESS: _____

PHONE NUMBER: home (____) _____ work (____) _____

RELATIONSHIP: _____

BUSINESS: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: home (____) _____ work (____) _____

RELATIONSHIP: _____

BUSINESS: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: home (____) _____ work (____) _____

RELATIONSHIP: _____

BUSINESS: _____

- **PLEASE ATTACH A SMALL PHOTO OF YOURSELF**

Ministry History and Description Form

In a typed, double-spaced statement not to exceed 500 words, write a description of the ministry/ministries in which you are currently involved. Include significant activities, the level of your responsibility, and results of the activities stated.

Of particular interest, is the history of the past twelve months. Please include information on a type of ministry/ministries, location or venues in which the ministry took place, primary focus of your ministry, and any partnerships in which you have been involved. Also, include whose supervision or direction you were under while participating in this ministry.

Please add any other information that you deem significant or necessary to this credentialing application.



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Recommendation for Credentialing Form

NAME OF APPLICANT: _____ DATE: _____

RECOMMENDED BY: _____

(Person filling out this form)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (home) _____ (work) _____

RELATIONSHIP TO APPLICANT: _____

LEVEL OF RECOMMENDATION REQUESTED BY APPLICANT: (circle one)

LICENSED MINISTER ORDAINED MINISTER

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

IN WHAT CAPACITY HAVE YOU KNOWN THE INDIVIDUAL? _____

IN REGARDS TO MINISTRY, WHAT ARE THE STRENGTH YOU HAVE OBSERVED?

WHAT ARE SOME AREAS IN WHICH THE INDIVIDUAL NEEDS TO DEVELOP?

AS THE PERSON RECOMMENDING THIS INDIVIDUAL, WILL YOU BE WILLING TO BE CONSIDERED AS A POTENTIAL MENTOR FOR THIS PERSON? ___YES ___NO

Which characteristics best describe this applicant? Please check all that apply.

- Warmhearted Critical Tolerant Passive
 Sympathetic Rebellious Respectful Loving
 Enthusiastic Teachable On Fire for Jesus

Please evaluate the applicant in regard to the following categories. Please check **only one** per line.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Response to Authority						
Reliability						
Maturity						
Emotional Stability						
Motivated						
Judgment						
Oral Expression						
Interpersonal Relations						
Empathy						
Work Habits						
Leadership						
Personal Appearance						
Integrity						
Christian Commitment						
Initiative						
Cooperativeness						
Responsibility						

Mental Ability						
Physical Health						
Christian Character						
Social Adaptability						

Please Check One:

Highly Recommend I Recommend

I Recommend with Reservation I Can Not Recommend

Please Comment: _____

ADDITIONAL COMMENTS: _____

(Signature)

(Date)