

Rev. Dave Kelsey General Secretary

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REQUIREMENTS FOR COMMISSIONED CHRISTIAN WORKER, LICENSING AND ORDINATION

Na	ame of Candidate:
	ddress:
Cit	ry: Province: Postal Code:
Ph	ry: Province: Postal Code: one: Area Code [] Website:
E-r	mail:Website:
Th	e Independent Assemblies of God International (Canada) is a fellowship of
	nisters. Each Church is sovereign and ordains its own ministers. Application for
Lic	censing or Ordination is made to the Independent Assemblies of God International anada) for Government recognition.
	ote: Applicants for ordination must be a licensed minister for 2 years or more before plying for ordination papers.
1.	What qualifies you as a minister and what will be your field of ministry? (e.g. Youth, pastor local church, pioneering, missionary)
2.	State your qualifications for commissioned Christian worker, licensing or
	ordination.

3.	What local church do you work in and what has been your field of ministry and for how long?		
4.	How stable is your financial credibility? Are you willing to submit to a credit check?		
	Do you have a police record? Yes [] No [] .You must send in a Vulnerable Persons Police Check with your application. (from your local police).		
6.	Applicant must be willing to attend Regional Pastor's Fellowship Meetings, failure to do so could result in suspension of credentials.		
7.	Please provide three written recommendations. These must not be from relatives.		
8.	Applicants for Licensing and Ordination must fill out the Doctrinal Questionnaire Form		
9.	In 300 to 500 words give a statement of your faith, conversion, water baptism and baptism of the Holy Spirit. In this statement also include the following. Your Bible Training qualifications. (See last page of this questionnaire) a. Local Church b. Biblical School c. Seminary d. Other		
	ANSWERS REQUIRED BY THE LOCAL CHURCH MAKING APPLICATION:		
1.	Does the applicant accept Local Church tutoring and Local Church discipline?		

Name of the Applicant	Signature of the Applicant	
_ocal Church Pastor	Pastor's Signature	_
	QUESTION 9	
