



September 1, 2019

Greetings Credential Applicant,

Thank you for downloading the Southern New England Ministry Network Pre-application for new credentials, reinstatement of credentials, or upgrade of credentials.

Please fill out the first 7 pages completely and have page 3 signed by your Senior Pastor and your Presbyter. We ask that you don't leave any questions blank and be sure to write legibly. You can either email the completed file to Paul@SNEMN.COM or drop in the mail to Paul's attention at the Network office, **307 Sturbridge Road, Charlton, MA 01507**.

In addition, leave the Senior Pastor's Reference with your Senior Pastor and have him/her fill it out completely and either email to Paul@SNEMN.COM or drop in the mail to Paul's attention at the Network office.

Once your completed Pre-application **AND** your Senior Pastor's Reference is received in the Network office, you will receive an email containing the next steps in the application process.

If you have questions, call Paul at the Network office (508) 248-3711.

Rev. Nicholas W. Fatato
Superintendent, Southern New England Ministry Network

PRE-APPLICATION QUESTIONNAIRE FOR NEW CREDENTIAL APPLICATION, REINSTATEMENT APPLICATION, AND LICENSE UPGRADE APPLICATION

SOUTHERN NEW ENGLAND MINISTRY NETWORK OF THE ASSEMBLIES OF GOD, INC.
P.O. Box 535 Sturbridge, MA 01566-0535 (508) 248-3711

If you are applying for credentials for the first time, applying to reinstate your lapsed credential, or are applying to upgrade your current credential, this pre-application questionnaire must be submitted to the SNEMN credentialing office and it must be approved by your sectional Presbyter and your Senior Pastor prior to starting the application, reinstatement, or the License upgrade application process.

1. First Name: _____ Middle Name: _____ Last Name: _____
2. Home Address: _____

3. Email: _____
4. Home phone: _____ Mobile phone: _____
5. Application type: New: _____ Reinstatement: _____ Upgrade: _____
6. Applying for: Certified: _____ License: _____ Ordained: _____
7. Marital status: Single: _____ Married: _____ Divorced: _____ Widowed: _____ Date of Marriage _____
8. What church (and location) are you an official member? _____
9. How long have you been an official member of this church? _____
10. Where are you presently serving? _____
11. What is your position/ministry? _____
12. How long have you been in this position? _____
13. Have you ever been convicted of a felony? Yes: _____ No: _____
If yes, attach a separate sheet explaining in full detail.
14. Have you ever been accused of, investigated for, or engaged in any sexual misconduct involving a minor or adult, including but not limited to child molestation, indecent liberties with a child, sexual harassment, rape, child pornography, sexual contact with a counselee, or sexual or non-sexual violence such as child abuse, assault, battery, murder, or kidnapping? Yes: _____ No: _____
15. Have you ever been divorced or had a marriage annulled? Yes: _____ No: _____
16. Has your spouse ever been divorced or had a marriage annulled? Yes: _____ No: _____ N/A: _____
17. Have you ever filed for bankruptcy? Yes: _____ No: _____ If yes, when? _____
18. Have you received the baptism in the Holy Spirit with physical evidence of speaking in other tongues according to Acts 2:4? Yes: _____ No: _____ When? _____

19. Have you completed all the educational requirements (summary below) for the Credential you are applying for? Yes:_____ No:_____ If no, attach a separate sheet explaining in full detail.

BIBLE COLLEGE

Training in an endorsed Assemblies of God college, such as Northpoint Bible College or Valley Forge University as a biblical studies major, ministerial studies major, or other church related major:

- Certified: 2 years (48 hours of study)
- Licensed: 3 years (72 hours of study)
- Ordained: 4 years (96 hours of study)

BEREAN OR SCHOOL OF MINISTRY

Completion of the General Presbytery approved coursework and internship below through Berean School of the Bible or Assemblies of God District Schools of Ministry:

Certified - 100 Level

- 1) 101 Introduction to Hermeneutics
- 2) 102 Introduction to Pentecostal Doctrine
- 3) 103 Synoptic Gospels
- 4) 104 Prison Epistles
- 5) 105 Acts
- 6) 106 The Local Church in Evangelism
- 7) 107 AG History, Missions, and Governance, Polity
- 8) 108 Relationships and Ethics in Ministry
- 9) 109 Spirit Empowered Churches
- 10) Beginning Ministerial Internship

License, 200 Level

- 1) 201 Introduction to Theology
- 2) 202 New Testament Survey
- 3) 203 Old Testament Survey
- 4) 204 Romans
- 5) 205 Introduction to Homiletics
- 6) 206 Eschatology
- 7) 207 Effective Leadership
- 8) 208 Introduction to AG Missions
- 9) 209 Conflict Resolution
- 10) Intermediate Ministerial Internship

Ordination, 300 Level

- 1) 301 Prayer
- 2) 302 Worship
- 3) 303 Pentateuch
- 4) 304 Poetic Books
- 5) 305 Multi Cultural Ministry
- 6) 306 Church Administration, Law, and Finance
- 7) 307 Pastoral Ministry
- 8) 308 I and II Corinthians
- 9) Advanced Ministerial Internship

If applying for License, all Certified and License courses and internship need to be completed.

20. Give the names of three Assemblies of God Ordained Ministers who know you and/or your ministry the best. _____

21. Do you fully agree with the Statements of Fundamental Truths as contained in the General Council Constitution Article V? Yes: _____ No: _____ If no, attach a separate sheet explaining in full detail.

22. Please write a short essay on why you are applying for credentials/reinstatement/upgrade credentials, if you need more room, attach a separate paper.

QUESTIONS 23-29 BELOW ARE FOR UPGRADE or REINSTATEMENT APPLICATIONS ONLY

23. On what date did you receive your Certificate? _____

24. On what date did you receive your License? _____

25. Have you ever let your credentials lapse? Yes: _____ No: _____ If so, in what year(s)? _____

26. If you are a senior pastor, does your church support the District with 1% giving? Yes: _____ No: _____
If no, attach a separate sheet explaining in full detail.

27. Have you faithfully sent 100% of your tithes from all sources of income to the District as specified in the District Bylaws? Yes: _____ No: _____ If no, attach a separate sheet explaining in full detail.

28. Are your General Council financial requirements up-to-date? Yes: _____ No: _____
If no, attach a separate sheet explaining in full detail.

29. Have you cooperated with your section and District on a regular basis? (attendance at activities, sectional meetings, District Council, Minister's Retreat, etc.) _____

Print Applicant's Name

Applicant's Signature

Date

Print Pastor's Name

Pastor's Signature

Date

Print Presbyter's Name

Presbyter's Signature

Date

PERSONAL/MINISTRY INVENTORY

Rate the quality and/or effectiveness of the following aspects of your life as a minister or your preparation for ministry. Mark the most appropriate number using the scale below. Mark N/A for any item not applicable to your present level of ministry.

1 = Poor	2 = Fair	3 = Good	4 = Excellent
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My Personal Life

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 1. Personal prayer life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 2. Devotional Bible reading | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 3. Alignment of my beliefs/core values with my behaviors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 4. Attention to personal health and wellbeing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 5. Attention to personal hygiene and neatness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 6. Avoidance of impropriety with the opposite sex | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 7. Avoidance of all forms of pornography | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 8. Telling the truth and keepings one's word in all relationships | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 9. Tithing/financial support of both the district and General Council | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 10. Management of personal finances and payment of bills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 11. Self-motivated to start and complete projects and tasks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 12. Coping with disappointment and criticism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 13. Initiating/being proactive in pursuing/establishing relationships | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 14. Resolving interpersonal conflicts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 15. Being optimistic and faith-filled | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

My Family Life (for Ministers with Spouses and/or Children)

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 16. Leadership in the spiritual care of family | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 17. Care for the needs of my spouse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 18. Spouse's support for my ministry | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 19. Care for the needs of my children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 20. Making quality time for family activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

My Ministry and Leadership Practices

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 21. Maintenance of ample ministry study/preparation time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 22. Utilization of resources for ministry and personal development (i.e., Internet, libraries, books, magazines, journals, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 23. Developing and tracking personal ministry goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 24. Continuing education/lifelong learning | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 25. Feedback from others on my personal ministry practices | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 26. Practice of personal evangelism in daily life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 27. Leading the congregation by modeling spiritual disciplines (e.g., prayer, fasting, submission, solitude) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 28. Developing my leadership skills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 29. Equipping others for effective ministry | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

- 30. Support for missions, personally and organizationally
- 31. Relating to authority
- 32. Developing as a communicator
- 33. Relating to a diversity of people
- 34. Striving for excellence
- 35. Taking steps of faith

- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A

My Relationships With

- 36. Community leaders, organizations, events
- 37. Local church board, leadership, and staff
- 38. Accountability partner, mentor, or coach
- 39. Fellow ministers
- 40. Sectional, district/network and General Council leadership

- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A
- 1 2 3 4 N/A

My Lifeline

- 41. Have you read the entire Bible through at least once?

- YES NO

SENIOR PASTOR REFERENCE

“I vouch for him that he is working hard for you and for those at Laodicea and Hierapolis.” Colossians 4:13 (NIV)

_____ (insert applicant's name) has made application for ministerial credentials with the Southern New England Ministry Network of the Assemblies of God. As the applicant's Pastor, and one acquainted with their ministry, we ask your honest opinion regarding their qualifications to fill the sacred trust of a minister of the Gospel. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible. Feel free to attach extra sheets if needed to fully answer any of the questions.

1) How well have you known the applicant? Personally Socially Casually

2) Are you related to the applicant? Yes No

3) How long have you known the applicant? _____

4) How frequently does the applicant attend church?
 Regularly Occasionally Seldom Don't Know

5) How has the applicant participated in church life?

6) In your opinion, does the applicant actively participate in worship?
 Always Often Seldom Never Don't Know

7) Does the applicant have a record of consistent tithing support of the local church?
 Yes No Don't Know

8) How would you describe the applicant's marriage? Not Applicable
 Very Well-Adjusted Adjusted Very Strained
 Well Adjusted Strained Don't Know

9) How would you describe the applicant's children? Not Applicable
 Very Well-Behaved Average Very Poorly Behaved
 Well-Behaved Poorly Behaved Don't Know

10) How would you describe the applicant as a disciplinarian?
 Very Capable Average Very Poor
 Capable Poor Don't Know

11) If you assigned the applicant responsibilities would you indicate his/her response by checking the appropriate number on the scale below?

	Very				Not Very	
Teachable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Loyal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Sincere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Dependable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Able to Inspire Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know

12) How would you describe the applicant's spiritual maturity?

	Very				Not Very	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know

13) Was the applicant's call into the ministry evident to you? Yes No

14) If so, how? Please be specific.

15) As the applicant's Pastor, the Network would like you to be part of this process. Are you willing to vouch for the applicant and accompany him/her to their credential interview?

Yes No

16) If you are not willing to vouch for the applicant and accompany him/her to their credential interview, please explain:

17) Please check all the words below which you believe accurately describe the applicant:

- | | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Tactful | <input type="checkbox"/> Socially Awkward | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Verbal | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Angry | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Congenial |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Abrasive | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized |

18) How well do you judge the applicant's ability to keep confidence?

- | | | |
|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Average | <input type="checkbox"/> Very Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Don't Know |

19) Would you without hesitation vouch for and recommend that the applicant be granted credentials for ministry?

- Yes With reservation Not at this time

Please fully explain your answer. If you said "Not at this time" please articulate what the applicant would need to do for you to say "yes."

Information Relative to Applicant's Spouse

Not Married

Name of Spouse: _____

20) How well have you known the applicant's spouse?

Personally Socially Casually

21) Are you related to the applicant's spouse? Yes No

22) How frequently does he/she attend church?

Regularly Occasionally Seldom Don't Know

23) In your opinion does he/she actively participate in worship?

Always Often Seldom Never Don't Know

24) If you assigned him/her responsibilities would you indicate his/her response by checking the appropriate number on scale below.

	Very				Not Very	
Teachable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Loyal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Sincere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Dependable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know
Able to Inspire Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know

25) Please check all the words below which you believe accurately describe the applicant's spouse:

- | | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Tactful | <input type="checkbox"/> Socially Awkward | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Verbal | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Angry | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Congenial |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Abrasive | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized |

26) How would describe his/her spiritual maturity?

	Very				Not Very	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't Know

27) How well do you judge applicant's ability to keep confidence?

- Very Good Average Very Poor
 Good Poor Don't Know

28) Further comments on the applicant's spouse:

Pastor's Name (Please print) _____
Church _____
Church Address _____
Church City, State, Zip _____
Pastor's Cell Phone _____ Pastor's Email _____
Pastor's Signature _____ Date _____

Pastor, please scan this fully completed document and email to Paul@SNEMN.COM or mail to the Network office: Attention Paul. 307 Sturbridge Road, Charlton, MA 01507.

