

# The Assemblies of God of Singapore

247 Paya Lebar Road #01-01 Singapore 409045

Tel: 6841 4912 Fax: 6747 1170 Email: admin@ag.org.sg

## APPLICATION FOR LICENSED CREDENTIAL

### 1. PERSONAL PARTICULARS

Full Name (underline surname): \_\_\_\_\_

Home Address: \_\_\_\_\_

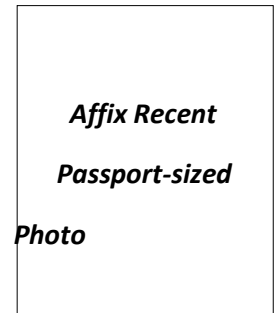
Email Address: \_\_\_\_\_

Home No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Date Of Birth (DD/MM/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

NRIC/Passport No.: \_\_\_\_\_ Holding Singapore PR:  Yes  No

Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_



### 2. MARITAL STATUS

Marital Status (tick where applicable):

Single  Engaged  Married  Divorced  Widowed  Remarried

If married:

Date of Marriage (DD/MM/YY): \_\_\_\_\_ Country of Marriage: \_\_\_\_\_

Are you currently married or engaged to someone who has a previous marriage?  Yes  No

If you had a divorce and since remarried, is your former spouse still living?  Yes  No

### 3. SPOUSE PARTICULARS

Full Name (underline surname): \_\_\_\_\_ Gender:  M  F

Occupation: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Date Of Birth (DD/MM/YY): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Is your spouse attending the same church as you?  Yes  No

If not, please state reason: \_\_\_\_\_

Name of spouse's church: \_\_\_\_\_

Spouse's ministry involvement: \_\_\_\_\_

#### 4. CHILDREN PARTICULARS

Full Name	Age	Date Of Birth			Gender M/F
		DD	MM	YY	

#### 5. EDUCATION (please attach official transcripts)

Secondary / Tertiary:

Name of School	Year Graduated	Certificate/Diploma/Degree Obtained

Bible College / Seminary:

Name of School	Year Graduated	Certificate/Diploma/Degree Obtained

Distance Education / Correspondence Programs / Special Training:

Name of School	Year Graduated	Certificate/Diploma/Degree Obtained

#### 6. MINISTRY INVOLVEMENT (starting from the most recent)

Church / Organisation	Position Held	Period (MM/YY)

Name of church you currently attend: \_\_\_\_\_

Name of Senior Pastor: \_\_\_\_\_ Church Address: \_\_\_\_\_

Is the church affiliated with AG?  Yes  No      Are you a registered member?  Yes  No

How many years have you been in this church? \_\_\_\_\_

Current position:  Full-time  Part-time  Volunteer

Have you discussed this credential application with your pastor?  Yes  No

Is preaching / teaching part of your ministry portfolio?  Yes  No

## 7. SPIRITUAL HISTORY

Please attach a 1 page type-written essay concerning your personal testimony, spiritual autobiography and commitment to Christian ministry. The essay should include:

- When and where you accepted or professed your faith in Jesus as your Lord and Savior according to Romans 10:9-10.
- When and where you were baptized in water by immersion according to Matthew 28:19.
- When and where you received the baptism of the Holy Spirit with the initial evidence of speaking in tongues according to Acts 2:4.
- How and when you felt God's call upon your life to full time ministry.

## 8. FELLOWSHIP LOYALTIES

a) Why do you desire to apply for credentials with the Singapore AG?

b) What AG meetings have you attended in the past one year?

c) What project team(s) or committee(s) have you been involved with the AG?

d) Do you understand and agree to abide by the provisions of the current version of the Constitution and By-Laws of the Assemblies of God of Singapore?  Yes  No

e) Do you personally subscribe to the Tenets of Faith, as contained in the Constitution and By-Laws of the Assemblies of God of Singapore?  Yes  No

f) Do you understand that a credential holder will be subject to discipline in the event that an offense has been committed?  Yes  No

## 9. PREVIOUS APPLICATIONS/ CREDENTIALS

a) Please state the year that you received Exhorter Credential with the AG: \_\_\_\_\_

b) Have you ever applied for, or held, ministerial credentials with another organisation or denomination?  
 Yes  No

c) If response to the above question is "yes", please give particulars:

Organization	Year Credential Held	Description of Credential

## 10. REFERENCES

*It is important that the people listed as references know you well enough to answer such questions as "How would you describe the applicant's spiritual maturity?" and "Was the applicant prompt and regular in work attendance?"*

<b>Senior Pastor</b>	<b>Name:</b>	
	<b>Address:</b>	
	<b>Phone No.:</b>	<b>Email Address:</b>

<b>Relationship with referee:</b>  _____	<b>Name:</b>	
	<b>Address:</b>	
	<b>Church &amp; Designation:</b>	
	<b>Phone No.:</b>	<b>Email Address:</b>

<b>Relationship with referee:</b>  _____	<b>Name:</b>	
	<b>Address:</b>	
	<b>Church &amp; Designation:</b>	
	<b>Phone No.:</b>	<b>Email Address:</b>

## 11. DECLARATION

a) Do you have any past or existing criminal record(s) in Singapore or overseas?

Yes       No

b) Are you an undischarged bankrupt or do you have any outstanding unsecured debts?

Yes       No

Recognizing that the information on the Credential Reference Form remains confidential between the referee and the Credentials Committee of AG Singapore, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by those whose names I provide.

I declare that to the best of my knowledge, all the foregoing information is correct and true, and further agree to abide by the commitments made in this application.

Further, I hereby give my consent to AG Singapore to use and retain all personal information contained in the credential application, reference letters or forms completed on my behalf, and any other information necessary to obtain credentials.

I agree that, if my application is successful, all personal information provided as part of the credential application process will become part of the permanent records of AG Singapore (It is our practice to destroy incomplete or unsuccessful applicants after two years).

I understand and agree that, if my application is successful, I will receive electronic and hard-copy communication from the Council Office.

**Applicant's Signature:** \_\_\_\_\_ **Senior Pastor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Name of Senior Pastor:** \_\_\_\_\_

**12. FOR OFFICIAL USE ONLY**

Credential:    Granted / Rejected

Date of Credential: \_\_\_\_\_

If rejected, state reason(s):

Date & Venue of recognition by General Council: \_\_\_\_\_

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

AG General Secretary: \_\_\_\_\_

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