

APPLICATION FOR CERTIFICATION OF ROLE OF MINISTRY

(see *Manual* 503-503.8; 510-511.1; 523-523.1 for roles for which certification may be issued.)

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

District _____

Date _____

Local Church Membership _____

PERSONAL:

Male Female

Birth Date _____

Marital Status _____ Date of Marriage _____

Name of Spouse _____

Birth Date of Spouse _____ Number of Children _____

Names, Date of Birth & Gender _____

EDUCATION: List schools attended and degrees earned.

<i>School</i>	<i>Name</i>	<i>Year Graduated</i>	<i>Degree</i>
High School			
College			
Bible College			
Seminary			
Others			
Major			
Minor			

Have you completed any part of a validated Course of Study for said role? _____

RELIGIOUS EXPERIENCE:

1. State your reason for asking for a certification to Christian Service.

2. Date converted _____ Date sanctified _____

3. Have you had any spiritual lapses since your conversion and sanctification? _____
If so, explain.

CHURCH RELATIONS:

4. How long have you held membership in the present local church? _____

5. Record of Church Membership Last Five Years.

<i>Year</i>	<i>Church</i>	<i>Served as*</i>

*State: SS Superintendent, church board member, minister of music, NMI president, NYI president, teacher, etc.

6. Have you held a district certificate to Christian Service before? _____
If yes, on which district and when? _____

7. Record of Certificated Service.

<i>Year</i>	<i>District</i>	<i>Served as*</i>	<i>Place</i>

*State: Director of Christian education, minister of Christian education, minister of music, song evangelist, other. If other, explain

8. Have you ever been involved in church troubles of any kind?

9. Are you in full sympathy and hearty accord with the doctrines and government of the Church of the Nazarene?

10. Will you wholeheartedly support the church and its institutions?

11. What experience have you had thus far in your specific area of service?

PERSONAL

12. Are you in good health? Yes No

If not, state particulars. _____

13. Are your spouse and children in good health? Yes No

If not, state particulars. _____

14. Are there physical irregularities in your family which would hinder your service?

15. Is your spouse in sympathy with your work? _____

16. State total of debts

17. Are you behind on any debt or obligation? _____

18. Have you been divorced? Yes No

19. Details of said divorce of the applicant must be submitted to the presiding General Superintendent in jurisdiction for their review, in accordance with *Manual* paragraph

320. Are you willing to do so? Yes No

(If these have not been submitted, immediate contact should be made with the District Secretary about it.)

20. Has your spouse been divorced? Yes No

21. If married, are you now living with your spouse? _____

22. If not, what are your reasons? _____

23. Are you covered by social security? Yes No

24. Have you ever been arrested, convicted or plead "no contest" at any time?

Yes No

A WORD TO APPLICANTS

The *Manual* of the Church of the Nazarene is specific in matters pertaining to these special areas of Christian service. List the paragraph numbers in the *Manual* that you have read for your specific area of service:

The Song Evangelist _____

The Minister of Music _____

The Director/Minister of Christian Education _____

Other _____

This application should be given to the district secretary or the district superintendent at least two weeks prior to your scheduled interview or by the deadline set by your district, if earlier.

Signed _____ Dated _____