

PENTECOSTAL ASSEMBLIES OF THE WEST INDIES INTERNATIONAL

CREDENTIAL RENEWAL FOR FIVE-FOLD MINISTERS

This form is to be used only by credentialed 'Five-fold' ministers who hold current credentials with the Pentecostal Assemblies of the West Indies. If you do not currently hold a Pentecostal Assemblies of the West Indies credential please complete and submit to the district office an 'Application For Ministerial Credentials'. Married workers must apply individually. Applicants for credentials should read carefully the qualifications in Bylaw 5.

After all questions have been fully considered and answered this application should be returned to the district secretary's office. This and any other requirements must be completed prior to an interview being scheduled with the district credentials committee.

Credential holders shall apply for renewal of credentials biennially and in accordance with the approved form. Failure to do so shall result in the lapse of the credentials. Ministers who have not renewed by December 31 of that year shall be recorded as lapsed and must make application for reinstatement and pay a \$50.00 reinstatement fee. Each district should submit an approved list of credential holders to the General Administrator by October 31st of each year (*Bylaw 5.5*).

This application should be accompanied by a credential fee of \$ 40.00 and one (1) passport size photograph. Credential holders who are sixty (60) years and over are not required to submit fees.

i). District in which renewal application is made _____

ii). District which endorsed previous renewal _____ Previous Renewal Period _____

FAMILY (Please print)

1. Name _____ Sex: _____

2. Mailing Address _____

Street _____ City _____ Country _____

3. Date of Birth ____/____/____ Identification No _____
Day Month Year

4. Phone (____) _____ Fax (____) _____ Email _____

5. Marital Status _____ Name of Spouse _____

6. Spouse's date of birth ____/____/____ Spouse's Work Phone (____) _____
Day Month Year

7. Does your spouse hold credentials? Yes No Type _____

8. Number of children living at home _____ Number of children not living at home? _____

MINISTRY

9. What credential do you now hold? (*Please tick one box*)

Ordination License to Minister Certificate of Recognition Lay Preacher's Certificate

10. Date you received it? ____/____/____ How long have you held credentials in present district? ____
Day Month Year

11. Current Ministry Designation: (*tick appropriate box*)

Apostle Prophet Evangelist Pastor Teacher Missionary Other

12. If other, describe _____

13. Name of Home Church _____

14. Address of Church _____

Street City Country
15. Church Phone (____) _____ Fax (____) _____ Email _____

16. State classification of your assembly: Pioneer ____ Branch ____ Dependant ____ Autonomous ____

17. If staff member, state position _____

WORKER SUPPORT

18. How are you supported? a) Church _____ b) Missions _____ c) District _____

19. Are you secularly employed? Yes No If so, where? _____
Hours per week worked? _____ Nature of occupation _____

20. To which ministerial support provisions listed below do you contribute?

A. Item	By Self	By Church	By District	By Fellowship
1. Life Insurance	Yes 0 No 0			
2. Pension Fund	Yes 0 No 0			
3. Health & Dental Plan	Yes 0 No 0			
4. Superannuation	Yes 0 No 0			
5. Retirement Benefits	Yes 0 No 0			
6. National Insurance	Yes 0 No 0			

B. Give further information on any of points 1 – 6: _____

CHURCH GROWTH

21. State approximate number of times you have preached during the past year? _____

22. Are you actively engaged in some other aspect of ministry? Yes No If yes, describe ministry _____

23. Please fill in membership data of your assembly for the past year in table below:

Members on Roll at January 1 st , 20	Active Members	Inactive Members	Members added by Conversion	Members added by Transfer	Number Water Baptized	Number Holy Spirit Baptized	Members on Roll at Dec 31 st

24. How many babies were dedicated during the past year? _____ No. added to cradle roll _____
25. How many marriages were solemnized during the past year? _____
26. State membership losses by: a) transfer _____ b) death _____ c) migration _____ d) termination _____
27. Has your assembly been engaged in any special meetings over the past year? Yes No
28. Indicate the type and number of special meeting your assembly held over the past year:
 evangelistic ____; missionary rallies _____; training seminars _____; holy convocations _____;
 other special occasions/ meetings _____
30. Has your assembly started any new work during the past year? Yes No
 If yes, indicate the type, e.g. Sunday School _____ Bible Club _____ Outstation _____ Other _____

ADMINISTRATION

31. Do you have a functioning Church Board in accordance with PAWI Bylaws 9.8? Yes No
 If no, give reason/s why _____
32. Do you hold an annual business meeting in accordance with PAWI Bylaws 9.3? Yes No
 If no, give reason why _____
33. Are departments and ministries functioning in cooperation with Fellowship guidelines, (Bylaw 10)?
 Yes No (If no, use separate sheet to explain.)
34. What is your average monthly offerings last year? _____ What was the average the
 State currency
 previous year? _____
 State currency
35. What is the current value of church lands? _____ Buildings _____
 State currency State currency
 Furniture, fixtures and fittings _____
 State currency
36. Date of last valuation of lands and property? ____ / ____ / ____
 Day Month Year
37. Are all properties covered by insurance? Yes No
38. 1. Have you fulfilled financial support requirements in accord with PAWI Constitution (Article XI, # 2)
 and Bylaws 5 during the last term? a) **Tithes:** Yes No ; b) **Designated Missions** Yes
 No c) **Undesignated Missions** Yes No d) **West Indies School of Theology** Yes No
 2. If no for any, state why and what is your indebtedness? _____
39. Has your assembly submitted audited financial statements for the last financial year? Yes No
 If no, please explain _____
40. On separate sheet of paper, state your assembly's goals and projections for the next two years.

FELLOWSHIP RELATIONS

- 41. Have you attended the last two District Conferences? Yes No
- 42. Have you attended the last PAWI General Conference? Yes No
- 43. Are you willing to abide by the Constitution and Bylaws of the Pentecostal Assemblies of the West Indies? Yes No
- 44. Do you fully subscribe to PAWI's Doctrinal Statement of Faith? (Constitution, Article V) Yes No
- 45. Do you publicly proclaim these Statements of Fundamental Doctrine from the pulpit? Yes No

If your answer to question 44 or 45 is "No" please complete question 46.

46. i) If your present viewpoint DIFFERS from that of the General Conference in any of the following areas, please check: (Constitution, Article V)

- a. Inerrancy of the Word of God; Yes No
- b. Speaking in other tongues as the initial physical evidence of the baptism in the Holy Spirit; Yes No
- c. Water baptism by immersion in accordance with Matthew 28:19; Yes No
- d. Premillennial return of our Lord Jesus Christ; Yes No
- e. Divine healing; Yes No
- f. Eternal Security Yes No
- g. Regeneration Yes No

ii) If you differ from General Conference viewpoint in any of the above areas, or in any other area of Doctrinal belief, please define your viewpoint on a separate sheet of paper.

If 65 years or older, indicate your category: Senior-Active Senior-Semi retired Senior-Retired

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY DISTRICT OFFICE ONLY

Exam Grade: _____ Date of Interview by District Credentials Committee _____

The _____ District approved did not approve this candidate on _____, 20____ and is recommended Not recommended to the General Executive for _____ Credential.

Signed: _____
District Presiding Bishop DISTRICT STAMP

THIS SECTION IS TO BE COMPLETED BY GENERAL EXECUTIVE OFFICE ONLY

I hereby endorse granting the credential _____ to the
applicant as recommended by the District Conference and/or Executive of
_____ District, and approved by the General Executive of the
Pentecostal Assemblies of the West Indies on this _____ day of _____ 20

Signed: _____

General Bishop
