



**ASSEMBLIES OF GOD, GHANA
ANNUAL MINISTERS' CREDENTIAL QUESTIONNAIRE**

SENIOR PASTOR

Instructions

- *This form must be completed fully and faithfully. Any falsehood detected will attract sanctions*
- *Attach a medical report of yourself (and spouse) from a certified doctor*
- *Attach an audited financial accounts of the previous year*
- *Attach an inventory register of the church*
- *Attach proper land documents of the church if any*

PART ONE-THE PASTOR

A. PERSONAL DATA

Name:

Date of Birth:

Place of Birth:

Marital Status: Married Single Engaged Divorced Widowed

Date of Marriage:

Name of Spouse:

Occupation of Spouse:

Number of Children:

Telephone Number(s):

E-Mail Address:

B. EDUCATIONAL DATA

List all post-basic Schools/Colleges you have attended:

NAME OF SCHOOL / YEAR / CERTIFICATE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

C. MINISTRY DATA & GOALS

Name of Church:

District:

Region:

Length of time at current church:

Present official position:

Your area(s) of calling?

Current Credential:

Number of years holding this credential: Credential applied for:

State your Goals/Targets for **Next Year** regarding:

1. Church Membership:
2. Church Finances (monthly):
3. Church Projects:
4. Church Staff:
5. Church Programmes:
 - a. Crusades:
 - b. Revivals:
 - c. Missions:
 - d. Leadership Training:
 - e. Fund-Raising:
 - f. Special Events:
 - g. Community Services:

*****Remember that part of your evaluation for next year's credentials will be based on how these goals have been achieved!***

D. FINANCIAL DATA

Your gross monthly Pay:

Your total personal tithes:

Your total personal social security (5.5%):

Church's social security (13%):

Total income tax:

Have you fulfilled all your financial obligations to the District, Regional, and General Councils?

Yes No **E. PERSONAL DEVELOPMENT & GOALS**List conferences/seminars/refresher programmes attended **this year**

1.

2.

3.

4.

5.

List all books read **this year**

1.

2.

3.

4.

5.

List your Personal Goals for **Next Year**

Spiritual:

Educational:

Financial:

Family:

Physical/Health:

Infrastructure:

*****Remember that part of your evaluation for next year's credentials will be based on how these goals have been achieved!***

F. MINISTER AND SPOUSE PENSION CONTRIBUTION

Total amount paid this year

Minister: GH¢: Period (Months)

Arrears: GH¢

Spouse: GH¢: Period (Months)

Arrears: GH¢

NB: Please note that the Scheme and payments begun as follows;

- a) Ministers' (Full Time) **July 2014**
- b) Ministers' Spouse and Tent Ministers **January, 2015**

***** Arrears are calculated with the above dates as a guide.**

***** Payments for a Minister begins from year of appointment as a pastor if as at time of appointment the scheme was already rolled out.**

***** Payments for a Minister's Wife begins from year of marriage if as at time of marriage the scheme was already rolled out.**

G. MEDICAL REPORT OF MINISTER (AND SPOUSE)

Have you attached a certified copy of your medical report? Yes No

Per your medical report are you suggested to go on voluntary retirement due to health issues?
 Yes No

If applicable, have you attached a certified copy of your spouse's medical report?
 Yes No

***** All ministers are mandated to submit a certified copy of a medical report**

How many years more do you have in ministry before retirement:

What plans are you making for your retirement?
.....
.....

H. MISCELLANEOUS

Discuss any problems or suggestions below:

.....
.....
.....
.....
.....
.....
.....

Did you attend, General Council Meeting Regional Council District Meeting

If no why?

.....

I. PLEDGE

Ipledge to adhere to the Doctrines and Tenets of Faith of the Assemblies of God, Ghana, as well as the constitution and by-laws of the Assemblies of God, Ghana.

I pledge to honour and respect my fellow Ministers, District, Regional, and General Council leaders.

I pledge to be a loyal representative of the Lord Jesus Christ and the Assemblies of God, Ghana, of which I have chosen to be part.

I understand that any willful departure from the Tenets of Faith of the Assemblies of God, Ghana, and an uncooperative attitude, and any spirit of insubordination on my part could result in the withdrawal of my ministerial credentials.

Date

Signature:

PART TWO - THE LOCAL CHURCH

A. GENERAL DATA

Name of Church:.....

Location:.....

District:.....

Region:.....

Postal Address:.....

Telephone:..... E-Mail:.....

Date Church was planted:.....

Pioneer Pastor:.....

Immediate Predecessor:.....

Your Status: Senior Pastor Associate Pastor Student Pastor

B. STATISTICS

Total Membership:.....

 a. Total Number of Men:.....

 b. Total Number of Women:.....

 c. Total Number of Children:.....

Total Active Members:

Total Converts this year:.....

Total Members Baptized this year:.....

Total Members Received this year:.....

Total Members filled with Holy Spirit this year:.....

Number of outreach/missions programmes:.....

Number of Revival Meetings held:.....

C. ADMINISTRATION

List of church officials / Board Members / Staff

NAME / POSITION

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....
- 9.....
- 10.....

D. WEEKLY ACTIVITIES

DAY	ACTIVITY	TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

E. PROPERTY

Does your church have the following?

1. Permanent place of worship Yes No

*If No, what plans are the church making?

.....
.....

2. Mission House Yes No

*If No, what plans are the church making?

.....
.....

3. Do you have a land title deed? Yes No

*If No, what plans are the church making?

.....
.....

4. On-going Building Project? Yes No

*If Yes, explain the nature?

.....

5. Income Generation Project? Yes No

*If Yes, explain the nature?

.....

***** Kindly attach proper land documents of all church properties.**

F. DEPARTMENTS

1. SUNDAY SCHOOL

Name of Superintendent:.....

Number of Teachers:.....

How many classes do you have?

What is the average size of the classes?

How many training programmes were organized this year?

How many people attended?

Total Sunday School Offering:

Did your church hold Sunday School Day?

How much money did the department pay to the National Office this year?

2. WOMEN'S MINISTRY

Name of President:

What is the average attendance?

What auxiliaries exist in the Department?

Did the local WM hold retreats, rallies, etc Yes No

Did your women participate in District and National Rallies? Yes No

Did your church hold WM Day? Yes No

Did the WM undertake project for the church this year? Yes No

*If yes, state the project:

How much money did the department pay to the National Office this year?

3. MEN'S MINISTRY

Name of President:

What is the average attendance?

What auxiliaries exist in the Department?

Did the local MM hold retreats, rallies, etc. Yes No

Did your men participate in District and National Rallies? Yes No

Did your church hold MM Day? Yes No

Did the MM undertake project for the church this year? Yes No

*If yes, state the project:

How much money did the department pay to the National Office this year?

4. YOUTH MINISTRY

Name of President:

What is the average attendance?

What auxiliaries exist in the Department?

Did the local Youth hold retreats, rallies, etc Yes No

Did your youth participate in District and National camps? Yes No

Did your youth participate in District quiz programmes? Yes No

*If yes, what was their position?

Did your church hold Youth Day? Yes No

Did the youth undertake project for the church this year? Yes No

*If yes, what is the project:

How much money did the department pay to the National Office this year?

6. MISSIONS

Does your church have Missions Team? Yes No

Which of these areas of evangelism does your church engage in regularly?

Prison, Hospital, Barracks, House-to-house, Schools,
 Markets, Crusades, Person-to-person, Others.....

Did you have any training programmes for Evangelism? Yes No

Did church cooperate in the activities of the National Department Yes No

Did the department pay money to the National Office this year? Yes No

If yes how much?

What auxiliaries exist in the Department?

7. CHILDRENS' MINISTRY

Name of Pastor/Person in Charge

What classes (age groups) exist?

What is the average attendance?

Did your Children Ministry attend retreats, rallies, etc.? Yes No

Did your children hold Childrens' Day? Yes No

Did the Children undertake any project for the church this year? Yes No

*If yes, state the project:

G. FINANCIAL DATA

What is the average monthly income of the church?

Is your church indebted to any Bank? Yes No

* If yes, name Bank(s):

*If yes, are you regularly servicing it? Yes No

Total Tithes received this year:

Has your church paid the 20% on Tithes? Yes No

*If yes, how much?

Has your church paid the Gen. Council Operational Fund for this year? Yes No

Has your church met all other financial obligations of the? Yes No

Did the church support any Pastor(s)? (According to proposed scale) Yes No

Did the church pay Social Security for Pastor(s) and staff? Yes No

*If yes, how much?

Did the church support the Pastor(s)/Delegates to attend General Council meetings? Yes No

*If "No," explain why:

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.....

***** Every Church must attach its Audited Account for the previous financial year**

***** Every Church must attach an inventory of its Assets and Liabilities**

H. CHURCH SCHOOL

Name of School:

Name of Pastor.....Phone.....

Email:

Name of Head Teacher:Phone:

Email:

Is your school registered: Yes No indicate, whether Private Public

Level of school: Nursery Primary JHS SHS Others:

I. MISCELLANEOUS

Is the church going through any particular challenge? Yes No

*If yes,

explain:.....
.....
.....

Is there anything the church would like to suggest to the General council? Yes No

*If yes, make suggestion(s):

.....
.....
.....

J. DECLARATION

I HEREBY DECLARE
THAT, THE INFORMATION PROVIDED ABOVE ARE TRUE AND CORRECT. IN CASE ANY OF
THE ABOVE INFORMATION IS FOUND TO BE FALSE OR UNTRUE OR MISLEADING OR
MISREPRESENTING, I AM AWARE THAT I MAY BE HELD LIABLE FOR IT TOGETHER WITH
ALL THE REPERCUSSIONS THAT MAY COME WITH IT.

THANK YOU.

DATE:

SIGNATURE:

K. ENDORSEMENTS:

DISTRICT PASTOR

Name:

Comments:

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.....
.....

Signature..... Date.....

REGIONAL SUPERINTENDENT

Name:

Comments:

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.....
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.....
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Signature..... Date.....