



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

ASSOCIATE PASTOR

Instructions

- *This Form Must Be Completed Fully And Faithfully. Any Falsehood Detected Will Attract Sanctions*
- *Attach a medical report from a certified doctor of yourself (and spouse)*

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:

EDUCATIONAL DATA

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

NAME OF SCHOOL	YEAR	CERTIFICATE
1.
2.
3.
4.
5.
6.
7.

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:

Which Area of Church Ministry have you been assigned to:

For how long have you been assigned to this area of ministry:

State your Goals/Targets for **Next Year** regarding your area of calling:

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

FINANCIAL DATA

Your net 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

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!***

MINISTER AND SPOUSE WELFARE 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 Following;

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

***** Arrears are calculated with these dates.**

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

MEDICAL REPORT OF MINISTER (AND SPOUSE)

Have you attached a certified copy of your medical report? 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?

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MISCELLANEOUS

Discuss any problems or suggestions below:

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PLEDGE

I pledge 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:

DECLARATION

I HEREBY DECLARE
THAT, THE DETAILS FURNISHED 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 AND ALL THE
REPERCUSSIONS THAT MAY COME WITH IT.

THANK YOU.

DATE:

SIGNATURE:

ENDORSEMENTS:

SENIOR PASTOR:

Name:

Comments:

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Signature.....

Date.....

Name

DISTRICT PASTOR

Name:

Comments:

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Signature.....

Date.....

REGIONAL SUPERINTENDENT

Comments:

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Signature.....

Date.....