



APPLICATION FOR
MINISTERS LICENSE
OR
ORDINATION

Power House Church Alliance



Power House Church Alliance Licensing/Ordination Requirements

PHCA requirements set forth in this application need to be met in order for any applicant to be considered for licensing/ordination from PHCA. Please read carefully. Should you have any questions or concerns please consult with your Senior Pastor or contact PHCA.

Application Requirements:

- Applicant, or applicants Senior Pastor, must be a current member of PHCA.
- Signed and completed application.
- Passport size photo.
- Ministry Recommendation completed by an ordained pastor who has known applicant for five or more years.
- Personal Recommendation completed by friend of whom applicant has known for five or more years.
- Statement of Ethical Conduct with applicant's signature.
- Completion of at least two years of Biblical Studies from any recognized Christian institute or curriculum based ministry school.
- Working in a ministerial capacity that meets PHCA licensing standards. This may include part or full time, paid or unpaid, etc. (Ministerial License only)
- Have current 501(c)3 tax exempt status. (Ordination only)

Fees

- Pastors ~ \$75 annually
- Pastors' Spouse ~ \$25 annually (discounted rate is only good if both husband and wife receive licensing or ordination)
- Staff of Qualifying Pastor ~ \$100 annually
- All others ~ \$150 annually

Approval Process:

- Application review will begin when all requirements including application, references, and fees are received by PHCA.
- Upon receiving all the necessary documentation from applicant, please permit 4-6 weeks for a completion of review.
- If applicant is approved, a letter of approval will be mailed with necessary paperwork included. If denied, applicant will be contacted and any payment that was made will be refunded.



**The information requested is not intended to establish the overseeing or governing of a church or ministry. Nor does PHCA have any jurisdiction over organizational policy of any kind. This application is solely intended for informational admittance purposes.*

PLEASE TYPE or PRINT CLEARLY. If a question does not apply type or print "N/A"

Please attach
Current photo
Here

Required
Head and shoulders only

PERSONAL DATA

Title _____ Name _____
(first) (middle) (last)

_____ Apt. _____
Present Address

_____ City _____ State _____ Zip _____

() _____ - _____ () _____ - _____ () _____ - _____
Home Phone Cell Phone Fax

_____ E-mail Address

Gender: ___ Male ___ Female Date of Birth ___/___/___

U.S. Citizen: ___ Yes ___ No If no, Country of Citizenship: _____
(If permanent resident alien, please enclose copy of green card)

Marital Status: ___ Single ___ Married ___ Separated* ___ Are you or have you been divorced?*

**Please give thorough and complete details, including number of times, on separate sheet of paper. (REQUIRED)*

SPOUSE / FIANCE DATA (IF APPLICABLE)

_____ Name (first) (middle) (last)

Date of Birth: ___/___/___ Date of marriage: ___/___/___

Is your spouse or fiancé saved? _____

Is your spouse or fiancé filled with the Holy Spirit? _____

Is your spouse or fiancé in full support of your call to ministry? _____

EDUCATIONAL HISTORY

(Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational / Technical 1 2

College: 1 2 3 4 Bible School Associate Bachelor Master's Specialist Doctorate

List all higher educational institutions attended and degrees earned.

Name of Schools	Dates	Major	Diploma / Degree
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CHURCH AFFILIATION

Are you presently or have you ever been licensed or ordained? ___ Yes ___ No

If so, please list the denomination / organization and date credentialed. (Please attach a copy of credentials)

If you are leaving or have left this denomination / organization, please explain why:

List the name of the church which you currently work for

Name of Church ()
Phone

Street Address

City State Zip

How long have you ministered with the church? _____

If less than one year, list the name of the church you formerly attended including Pastor's name, address and phone number. Also, list how long you attended.

Have you previously submitted an application to PHCA? ___ Yes ___ No

If so, when? _____

YOUR SPIRITUAL HISTORY

Date you were saved: ___/___/___ Were you raised in a Christian home? ___ Yes ___ No

Date you were baptized by immersion: ___/___/___

Date you were baptized with the Holy Spirit with evidence of speaking in tongues: ___/___/___

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any area of your personal life that would hinder your ministry at this time?

___ Yes ___ No If yes, please explain: _____

Do you currently use tobacco, alcohol or illegal drugs? ___ Yes ___ No
If so, please explain on a separate sheet.

Are you familiar with the ministry of Pastor Paul Ceccato? ___ Yes ___ No

Have you listened to his CD's, online messages or watched online programs? ___ Yes ___ No

STATEMENTS OF TRUTH

I understand that all items submitted to PHCA for the application process becomes the permanent property of PHCA and will not be returned.

This application will be held in absolute confidence. Only those persons with a 'need to know' will review this information. I grant PHCA and its leadership permission to verify the information provided on this application and all membership requirements.

I hereby state that all the information contained on this application and all correspondence with PHCA is correct and true. If PHCA finds any information contained on this application to be false, it will be grounds for immediate cancellation of application procedure and/or revocation of membership alliance.

Signature

Date



STATEMENT OF ETHICAL CONDUCT

Members of Power House Church Alliance are expected to demonstrate Biblical and ethical standards in their personal and professional lives. It is important and mandatory that members of the Alliance agree to be held accountable and to pursue a life of holiness and live righteously as prescribed in by the Holy Scriptures.

~ Core Values ~

- Live a life in the Holy Spirit and Word of God as the Scriptures require regarding; Ethics, integrity and moral purity.
- Maintain a life of sexual integrity
- Live a life of marital fidelity as outlined in the Scriptures
- Walk in integrity and model financial accountability in ministry and personal affairs
- In every area of life, abstain from anything that might be improper or give the suggestion of impropriety, to remain above reproach and not cause the brethren to stumble.

IMPORTANT:

Alliance Membership in PHCA will be withheld from applicants or revoked from members failing to exhibit these characteristics and/or who are modeling a lifestyle outside these guidelines. Should any incident(s) occur after you are accepted, such as permanent leave of absence or your resignation as church staff, *please contact our office immediately.*

Print Name

Signature

Date



PERSONAL RECOMMENDATION

Applicant, please have this form completed by someone who has known you for 3 or more years and not a relative. This recommendation form must be returned by the person completing the form.

Name of Applicant: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Name of Church or Ministry: _____

Your name has been given as a reference for the above named person for membership into Power House Church Alliance. Serious consideration will be given to your comments. We ask that you complete this form in a honest manner.

*Please fill out the form and return it directly to the PHCA address. Rest assure that your comments on the applicant will be strictly confidential.

1. How long have you known the applicant? ____ Years ____ Months

2. Do you feel you know the applicant well enough to evaluate his/her eligibility for ministerial credentials
____ Yes ____ No

3. What is your relationship to the applicant? ____ Friend ____ Pastor ____ Other
____ Casual ____ Close ____ Professional

4. How well do you know him / her? (check one)
____ Casually / Few personal contacts ____ Fairly well / numerous personal contacts
____ Mentoring Relationship ____ Very close in ministry relationship

Comments: _____

5. In your opinion, does the applicant exhibit a call to the ministry?
____ Yes ____ No ____ Don't Know

Explain your answer: _____

6. To your knowledge is the applicant currently involved in active ministry? Yes No Don't know

7. Ministry experience / preaching, teaching & knowledge of the scriptures:
 Well experienced Light experience
 No experience Don't know

8. Work habits in the ministry:
 Hard working Satisfactory
 Does enough to get by Does less than expected
 Don't know

9. Stability / ability to withstand pressure
 Tolerates pressure well Average tolerance / usually remains calm
 Easily irritated Cannot handle pressure
 Don't know

10. Personal organization:
 Conscientious, tidy, clean Fairly neat
 Tends to be disorderly Always disorderly
 Don't know

11. Response / attitude towards authority:
 Helpful and cooperative Usually responsive
 Resentful of authority Not cooperative / very resentful of authority
 Don't know

12. Marriage and family:
 Attentive to spouse / children Spouse and children take a back seat to ministry
 Neglects spouse / children Don't know

13. Emotional stability:
 Self-controlled and mature Usually stable
 Moody and unpredictable Don't know

14. Please give your knowledge of the applicant's involvement in church activities:
 Pastor Church staff
 Don't Know

Comments: _____

15. To your knowledge is the applicant involved in any heresy? Yes No
If yes, explain _____

16. Having observed this person in the ministry, you would:
_____ Highly recommend _____ Recommend _____ Recommend with reservations

Please list your reservation: _____

17. To aid us in our decision making, please give us your personal comments on the integrity of the applicant:

18. List what you consider to be the applicant's strong points:

19. List what you consider to be the applicant's weak points:

20. Please indicate below your rating / status of the applicant:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Do not Know</u>
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____
Moral Commitment	_____	_____	_____	_____
Integrity / Honest	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

If need to elaborate on any of your ratings, please do so: _____

21. Does the applicant have any personality traits which impair his/her relationships with others?

22. Please share with us any information you may know about the applicant that would help in our evaluation for church alliance. Specific incidents or an overall personality appraisal may be given:

I recommend the applicant for acceptance of Ministerial License: ___ Yes ___ No or
Ordination: ___ Yes ___ No

Print Name: _____

Signature: _____ Date: _____

Your Age: ___ 18-25 ___ 26-35 ___ 36-50 ___ Over 50

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ - _____ Work () _____ - _____

If you are a credentialed minister, please complete the following:

Ministry Name: _____

Position: _____

Organization with whom you are credentialed: _____

Number of years credentials held: _____

Additional comments:

*Please return this recommendation form to Power House Church Alliance office via standard U.S. mail to the address below. Do not make a copy of this form but sent it in its entirety. **This recommendation form must be returned by the person completing the form. Recommendation forms received directly from the applicant will not be accepted. You may receive a phone call regarding the individual you are giving a personal recommendation for.**

Mailing Address: 12008 Aurora Valley - Bakersfield - Ca - 93312 - (661) 334-1700
E-mail: powerhouse.church@yahoo.com web: powerhousechurch.us

We appreciate you taking your time and giving us your assistance

6. Is the applicant currently involved in active ministry? Yes No Don't know

7. Ministry experience / preaching, teaching & knowledge of the scriptures:
 Well experienced Light experience
 No experience Don't know

8. Work habits in the ministry:
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Moral Commitment	_____	_____	_____	_____
Integrity / Honest	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
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Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ - _____ Work () _____ - _____

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E-mail: powerhouse.church@yahoo.com web: powerhousechurch.us

We appreciate you taking your time and giving us your assistance



METHOD OF PAYMENT

Licensing or Ordination card

- Pastors ~ \$75
- Pastors' Spouse ~ \$25
- Staff of Qualifying Pastor ~ \$100
- All others ~ \$150

Check method of payment:

Please make Money Order or Check payable to Power House Church and attach to application.

Credit Card: Visa Discover Other _____

Card Number _____ - _____ - _____ - _____

Amount \$ _____ Expiration Date _____ - _____ - _____

Signature