



Application for  
Alliance Membership

**Power House Church Alliance**



## **Power House Church Alliance Membership Requirements**

PHCA requirements set forth in this application need to be met in order for any organization (church, ministry, etc.) or individual to be considered for membership in PHCA. Please read carefully. Should you have any questions or concerns please contact PHCA.

**Fees:** There is a one time \$100 processing fee for PHCA membership.

### **Application Requirements:**

- Signed and completed application.
- 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
- Processing Fee (These are just for membership processing, licensing/ordination fees are in addition)

### **PHMA 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"

### 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? \_\_\_\_\_

If no, why? \_\_\_\_\_

## 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)

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

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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.

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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







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</u><br><u>Average</u> | <u>Average</u> | <u>Below</u><br><u>Average</u> | <u>Do not</u><br><u>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:

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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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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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ Highly recommend      \_\_\_\_\_ Recommend      \_\_\_\_\_ Recommend with reservations

Please list your reservation: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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

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\_\_\_\_\_  
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|----------------------|--------------------------------|----------------|--------------------------------|------------------------------|
| 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?  
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\_\_\_\_\_  
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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:

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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 ( ) \_\_\_\_\_ - \_\_\_\_\_

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Number of years credentials held: \_\_\_\_\_

Additional comments:

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**We appreciate you taking your time and giving us your assistance**



## METHOD OF PAYMENT

**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 \$ \$100 Expiration Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature

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





## OUR COMMITMENT

Alliance by definition: *Is the state of being allied or confederated. A connection based on kinship or common interest. An organization of people involved in a pact or treaty. A formal agreement establishing an association or alliance between nations or other groups to achieve a particular aim.* We take our commitment with you seriously.

- Continually lifting you up through prayer.
- Official certificate with PHCA core values to signify our like-mindedness in our alliance together.
- PHCA will send you a current newsletter every 3 months with testimonials of Alliance churches, encouraging anecdotes, and current events.
- Facebook highlighting Alliance churches and their staffs. This is an opportunity to post comments and encourage one another, bridge ministries together, and build a community of ministries so they can make new connections.
- Phone line available for Alliance members. Staff is available by phone for prayer, answer questions etc.
- Yearly conference with gathering Alliance churches for a time of refreshing. This will be a time to preach, teach and train staff and congregates.

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Our Signature  
(Upon Your Acceptance)

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Date