

Application for Ministerial Credentials

Dear Applicant:

Thank you for applying for ministerial credentials with the *Evangelical Christian Church in Canada*.

Following is an application which requests various aspects of information. This CONFIDENTIAL information will assist us in understanding your life and ministry journey in preparation for credentialed ministry.

Our overall purpose for collecting information is to assess your academic, spiritual, emotional and relational qualities for credential leadership.

Please ensure all questions are answered and enclose all required documents:

- this application
- non-refundable application fee *payable to ECC in Canada* in the amount of \$75.00
- a colour passport sized photo
- resume
- transcripts
- current police record check

Please note that all paperwork submitted becomes the property of The ECCC.

Mail to:

ECC in Canada Central Office
410-125 Lincoln Road
Waterloo ON N2J 2N9



The Evangelical Christian
Church In Canada 

www.eccincanada.com

Application for Ministerial Credentials

please do not staple the paperwork

| | | | | | | | | | |
|--|--|-------------------------------------|-----|---|---------|--|-----------|-----|------|
| A. CREDENTIAL INFORMATION | | | | | | | | | |
| Date of Application: _____ | | | | | | | | | |
| Are you: <input type="checkbox"/> applying for initial credentials | | | | | | | | | |
| <input type="checkbox"/> transferring from another denomination | | | | | | | | | |
| Name of organization: _____ | | | | | | | | | |
| Indicate the credential for which you are applying: | | | | | | | | | |
| <input type="checkbox"/> Ordained <input type="checkbox"/> Licensed Minister <input type="checkbox"/> Certified Pastoral Counsellor <input type="checkbox"/> Certified Christian Worker | | | | | | | | | |
| B. GENERAL INFORMATION | | | | | | | | | |
| 1. Full name (<i>as should appear on certificate</i>): _____ | | | | | | | | | |
| | | First | | | Initial | | | | |
| 2. Email Address: _____ | | | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | | | | |
| 3. Street Address: _____ | | 4. Phone: Home (____) _____ - _____ | | | | | | | |
| City: _____ | | Work (____) _____ - _____ | | | | | | | |
| Province: _____ | | Postal Code: _____ | | Fax (____) _____ - _____ | | | | | |
| 5. Birth Date (M/D/Y): _____ | | Citizen (Country): _____ | | | | | | | |
| 6. Birthplace _____ | | Province and Country: _____ | | | | | | | |
| C. APPLICANT'S MARITAL STATUS (<i>Indicate all categories that apply</i>) | | | | | | | | | |
| 1. Applicant's Current Marital Status | | | | | | | | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Marriage annulled (civil only) | | | | | | | | | |
| 2. If you are divorced and remarried, is your former spouse living? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3. Are you married to someone who is "remarried"? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4. Name of spouse _____ | | | | | | | | | |
| D. CHILDREN | | | | | | | | | |
| 1. Names and birthdates of your children: | | | | | | | | | |
| NAME | | BIRTHDATE | | | NAME | | BIRTHDATE | | |
| | | Month | Day | Year | | | Month | Day | Year |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2. Who disciplines your children? | | | | | | | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other | | | | | | | | | |
| 3. What part does prayer play in your home? | | | | | | | | | |
| <input type="checkbox"/> Prayer at meals <input type="checkbox"/> Devotions <input type="checkbox"/> Infrequent prayer | | | | | | | | | |
| <input type="checkbox"/> Bedtime prayer <input type="checkbox"/> Crisis prayer <input type="checkbox"/> No prayer | | | | | | | | | |
| E. OTHER DEPENDENTS AND RELATIONSHIPS | | | | | | | | | |
| Name | | Relationship | | | | Age | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|--|-----------------------|------------|-------------|----------------|
| F. RESUME | | | | |
| Please provide on a <u>separate sheet</u> a resume of your life, work, and ministry experience. | | | | |
| G. EDUCATION | | | | |
| 1. Secondary Schooling | | | | |
| NAME | DATE GRADUATED | | | DIPLOMA |
| | Month | Day | Year | |
| | | | | |
| | | | | |
| 2. Post-secondary Schooling | | | | |
| NAME | DATE GRADUATED | | | DIPLOMA |
| | Month | Day | Year | |
| | | | | |
| | | | | |
| 3. Bible College or Seminary | | | | |
| NAME | DATE GRADUATED | | | DIPLOMA |
| | Month | Day | Year | |
| | | | | |
| | | | | |
| 4. Diploma in Ministry course is the approved course for The ECCC credentials (available through Waterloo Bible College). | | | | |
| NAME | DATE GRADUATED | | | DIPLOMA |
| | Month | Day | Year | |
| | | | | |
| | | | | |
| <i>Note: Please send copies of transcripts of your Bible College, University, Seminary, Correspondence Course, and/or any other applicable academic studies with your application.</i> | | | | |
| 5. List major extra-curricular activities during secondary or post-secondary education: _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| 6. List any class offices held: _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

H. CURRENT CHURCH INVOLVEMENT

1. Church or organization: _____
2. Are you on staff? Yes No If "yes", what is your position? _____
 Full time Part time Volunteer Hours per week in ministry _____
3. Describe your ministry role and function in your current position. _____

I. EARLY HOME ENVIRONMENT

1. Describe the early spiritual influences or events that led to your application for ministry:

2. Characterize the impact of your home environment, giving examples of how it influenced your life: _____

3. Number of siblings: _____ Your birth order: _____

J. SPIRITUAL HISTORY

1. Describe your life's journey and your passion for ministry. Include incidents you feel were significant in your formation as a person and your call to ministry, personal ideals, goals and salvation experience:

2. What church do you currently attend? Name: _____

Address: _____

Which denomination is it affiliated with? _____

Are you a member? Yes No How long have you been attending? _____

Pastor's name: _____ How many times a week do you attend? _____

3. What church activities are you involved in? _____

4. Which church did you attend *while* in Bible College/Seminary/ University?

Name: _____ How many times a week did you attend? _____

What activities were you involved in? _____

5. Which church did you attend *prior* to Bible College/Seminary/University?

Name: _____ How many times a week did you attend? _____

What activities were you involved in? _____

6. When and where were you baptized in water by immersion according to Matthew 28:19?

K. CALL TO MINISTRY

Please describe briefly:

1. Your leadership style _____

2. Your worship emphasis _____

3. Your ministry, gifts, skills and strengths _____

4. Your vision for ministry _____

L. FINANCES

1. Briefly describe your current financial situation, noting whether you tithe and/or give beyond a tithe: _____

2. Please outline your views and experience on personal budgeting and money management:

M. PREVIOUS APPLICATIONS/CREDENTIALS

1. Have you ever applied for, or held, ministerial credentials with another organization or denomination? Yes No

2. If yes, please give particulars noting type of credential held, and with what organization:

| ORGANIZATION | CREDENTIAL HELD | DESCRIPTION OF CREDENTIAL |
|--------------|-----------------|---------------------------|
| | | |
| | | |

N. TRANSFERS FROM OTHER CHURCH ORGANIZATIONS

This section to be completed by those who are transferring into The ECCC from other organizations.

1. What grade of credentials do you now hold: _____ valid from _____ to _____
 If ordained, the date of ordination (M/D/Y) _____

2. As required by the General Constitution and By-laws, a copy of your:
- Current Credential Card, AND
 - Ordination Certificate (*if applicable*) must be included as part of this application

Are you able to meet this request? Yes No

If "no", please explain: _____

3. If you are granted a credential with The ECCC, will you surrender any other credential you may have with another religious organization? Yes No

O. POLICE RECORD CHECK (*must be enclosed*)

Date Conducted (must be within last 12 months): _____

P. REFERENCES (*must be mailed separately and directly to The ECCC Central Office*)

It is important that the people listed as references (*no family members*) know you well enough to answer such questions as "How would you describe the applicant's spiritual maturity?" and "Was the applicant prompt and regular in work attendance?" If you are presently on a ministry staff, one of the references must be from the Senior Pastor.

| | | | |
|--------------------------|----------------|----------|-------------|
| Senior Pastor | Name | | |
| | Street Address | | |
| | City | Province | Postal Code |
| | Phone | Email | |
| General Reference | Name | | |
| | Street Address | | |
| | City | Province | Postal Code |
| | Phone | Email | |
| General Reference | Name | | |
| | Street Address | | |
| | City | Province | Postal Code |
| | Phone | Email | |

Q. WAIVER

Recognizing that the information on Credentials Reference Forms remains confidential between the referee and the Credentials Committee of The ECCC, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by those whose names I provide.

I declare that to the best of my knowledge all of the foregoing information is current and true, and further agree to abide by the commitments made in this application.

Signature of Applicant: _____ Date: _____

Evangelical Christian Church in Canada
410-125 Lincoln Road, Waterloo ON N2J 2N9

REFERENCE FORM
(Senior Pastor or Church Official)

| | | | |
|--|------|-----------------------|-------------|
| A. APPLICANT | | | |
| Print and sign your name below and submit this form to individuals familiar with your ministry (non-family members). | | | |
| NOTE: By signing this form you are waiving your right of access to see this reference form. | | | |
| _____ | | _____ | |
| Applicant's Name | | Applicant's Signature | |
| B. REFEREE | | | |
| The applicant is applying to <i>ECCC</i> for ministerial credentials. Please complete this form as carefully and frankly as possible as your insights are an important component in our final decision. Once completed, please send directly to our Central Office. The information provided will be kept CONFIDENTIAL . Thank you for your assistance. | | | |
| Name _____ | | Position _____ | |
| Church _____ | | Phone _____ | |
| Address _____ | | | |
| Street | City | Province | Postal Code |
| C. OBSERVATIONS | | | |
| 1. How long have you known the applicant? _____ years. <input type="checkbox"/> Very Well <input type="checkbox"/> Fairly Well <input type="checkbox"/> Casually | | | |
| 2. What association have you had with the applicant? _____ _____ | | | |
| 3. How does the applicant interact with people outside of the church? _____ _____ | | | |
| 4. Comment on any strengths, spiritual gifts, or ministerial abilities that the applicant has. _____ _____ | | | |
| 5. Comment on any areas you think the applicant may benefit from training in. _____ _____ | | | |
| 6. If the applicant is married, briefly describe the marriage relationship. _____ _____ | | | |

| D. EVALUATION | | | | | | |
|--|------|---------|---|-------------|---------|---|
| Using the grid below, to the best of your knowledge, evaluate the applicant in the areas listed by circling the appropriate response. | | | | | | |
| | Poor | Average | | Exceptional | Unknown | |
| Leadership Ability | 1 | 2 | 3 | 4 | 5 | 6 |
| Christian Character/Integrity | 1 | 2 | 3 | 4 | 5 | 6 |
| Commitment to Christ | 1 | 2 | 3 | 4 | 5 | 6 |
| Response to Authority | 1 | 2 | 3 | 4 | 5 | 6 |
| Potential for Ministry | 1 | 2 | 3 | 4 | 5 | 6 |
| Dependability | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | 6 |
| Cooperation | 1 | 2 | 3 | 4 | 5 | 6 |
| Initiative | 1 | 2 | 3 | 4 | 5 | 6 |
| Emotional Stability | 1 | 2 | 3 | 4 | 5 | 6 |
| Acceptance by Peers | 1 | 2 | 3 | 4 | 5 | 6 |
| Marital/Family Relationships | 1 | 2 | 3 | 4 | 5 | 6 |
| Overall Evaluation of the Applicant's Suitability for Ministry | 1 | 2 | 3 | 4 | 5 | |
| E. RECOMMENDATION | | | | | | |
| Do you recommend this applicant for ministerial credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Comment if desired _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| F. ADDITIONAL COMMENTS | | | | | | |
| Thank you for your valuable input. Please use the space below, or include a separate page for additional comments that might assist us in our assessment of the applicant. _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| Signature _____ Date _____ | | | | | | |

Evangelical Christian Church in Canada
410-125 Lincoln Road, Waterloo ON N2J 2N9

REFERENCE FORM
(General - 1)

| | | | |
|--|------|-----------------------|-------------|
| A. APPLICANT | | | |
| Print and sign your name below and submit this form to individuals familiar with your ministry (non-family members). | | | |
| NOTE: By signing this form you are waiving your right of access to see this reference form. | | | |
| _____ | | _____ | |
| Applicant's Name | | Applicant's Signature | |
| B. REFEREE | | | |
| The applicant is applying to <i>ECCC</i> for ministerial credentials. Please complete this form as carefully and frankly as possible as your insights are an important component in our final decision. Once completed, please send directly to our Central Office. The information provided will be kept CONFIDENTIAL . Thank you for your assistance. | | | |
| Name _____ | | Position _____ | |
| Church _____ | | Phone _____ | |
| Address _____ | | | |
| Street | City | Province | Postal Code |
| C. OBSERVATIONS | | | |
| 1. How long have you known the applicant? _____ years. <input type="checkbox"/> Very Well <input type="checkbox"/> Fairly Well <input type="checkbox"/> Casually | | | |
| 2. What association have you had with the applicant? _____ _____ | | | |
| 3. How does the applicant interact with people outside of the church? _____ _____ | | | |
| 4. Comment on any strengths, spiritual gifts, or ministerial abilities that the applicant has. _____ _____ | | | |
| 5. Comment on any areas you think the applicant may benefit from training in. _____ _____ | | | |
| 6. If the applicant is married, briefly describe the marriage relationship. _____ _____ | | | |

| D. EVALUATION | | | | | | |
|--|------|---------|---|-------------|---------|---|
| Using the grid below, to the best of your knowledge, evaluate the applicant in the areas listed by circling the appropriate response. | | | | | | |
| | Poor | Average | | Exceptional | Unknown | |
| Leadership Ability | 1 | 2 | 3 | 4 | 5 | 6 |
| Christian Character/Integrity | 1 | 2 | 3 | 4 | 5 | 6 |
| Commitment to Christ | 1 | 2 | 3 | 4 | 5 | 6 |
| Response to Authority | 1 | 2 | 3 | 4 | 5 | 6 |
| Potential for Ministry | 1 | 2 | 3 | 4 | 5 | 6 |
| Dependability | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | 6 |
| Cooperation | 1 | 2 | 3 | 4 | 5 | 6 |
| Initiative | 1 | 2 | 3 | 4 | 5 | 6 |
| Emotional Stability | 1 | 2 | 3 | 4 | 5 | 6 |
| Acceptance by Peers | 1 | 2 | 3 | 4 | 5 | 6 |
| Marital/Family Relationships | 1 | 2 | 3 | 4 | 5 | 6 |
| Overall Evaluation of the Applicant's Suitability for Ministry | 1 | 2 | 3 | 4 | 5 | |
| E. RECOMMENDATION | | | | | | |
| Do you recommend this applicant for ministerial credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Comment if desired _____ _____ _____ | | | | | | |
| F. ADDITIONAL COMMENTS | | | | | | |
| Thank you for your valuable input. Please use the space below, or include a separate page for additional comments that might assist us in our assessment of the applicant. _____ _____ _____ | | | | | | |
| Signature _____ Date _____ | | | | | | |

Evangelical Christian Church in Canada
410-125 Lincoln Road, Waterloo ON N2J 2N9

REFERENCE FORM
(General - 2)

| | | | |
|--|------|-----------------------|-------------|
| A. APPLICANT | | | |
| Print and sign your name below and submit this form to individuals familiar with your ministry (non-family members). | | | |
| NOTE: By signing this form you are waiving your right of access to see this reference form. | | | |
| _____ | | _____ | |
| Applicant's Name | | Applicant's Signature | |
| B. REFEREE | | | |
| The applicant is applying to <i>ECCC</i> for ministerial credentials. Please complete this form as carefully and frankly as possible as your insights are an important component in our final decision. Once completed, please send directly to our Central Office. The information provided will be kept CONFIDENTIAL . Thank you for your assistance. | | | |
| Name _____ | | Position _____ | |
| Church _____ | | Phone _____ | |
| Address _____ | | | |
| Street | City | Province | Postal Code |
| C. OBSERVATIONS | | | |
| 1. How long have you known the applicant? _____ years. <input type="checkbox"/> Very Well <input type="checkbox"/> Fairly Well <input type="checkbox"/> Casually | | | |
| 2. What association have you had with the applicant? _____ _____ | | | |
| 3. How does the applicant interact with people outside of the church? _____ _____ | | | |
| 4. Comment on any strengths, spiritual gifts, or ministerial abilities that the applicant has. _____ _____ | | | |
| 5. Comment on any areas you think the applicant may benefit from training in. _____ _____ | | | |
| 6. If the applicant is married, briefly describe the marriage relationship. _____ _____ | | | |

| D. EVALUATION | | | | | | |
|--|------|---------|---|-------------|---------|---|
| Using the grid below, to the best of your knowledge, evaluate the applicant in the areas listed by circling the appropriate response. | | | | | | |
| | Poor | Average | | Exceptional | Unknown | |
| Leadership Ability | 1 | 2 | 3 | 4 | 5 | 6 |
| Christian Character/Integrity | 1 | 2 | 3 | 4 | 5 | 6 |
| Commitment to Christ | 1 | 2 | 3 | 4 | 5 | 6 |
| Response to Authority | 1 | 2 | 3 | 4 | 5 | 6 |
| Potential for Ministry | 1 | 2 | 3 | 4 | 5 | 6 |
| Dependability | 1 | 2 | 3 | 4 | 5 | 6 |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | 6 |
| Cooperation | 1 | 2 | 3 | 4 | 5 | 6 |
| Initiative | 1 | 2 | 3 | 4 | 5 | 6 |
| Emotional Stability | 1 | 2 | 3 | 4 | 5 | 6 |
| Acceptance by Peers | 1 | 2 | 3 | 4 | 5 | 6 |
| Marital/Family Relationships | 1 | 2 | 3 | 4 | 5 | 6 |
| Overall Evaluation of the Applicant's Suitability for Ministry | 1 | 2 | 3 | 4 | 5 | |
| E. RECOMMENDATION | | | | | | |
| Do you recommend this applicant for ministerial credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Comment if desired _____ _____ _____ | | | | | | |
| F. ADDITIONAL COMMENTS | | | | | | |
| Thank you for your valuable input. Please use the space below, or include a separate page for additional comments that might assist us in our assessment of the applicant. _____ _____ _____ | | | | | | |
| Signature _____ Date _____ | | | | | | |

