

The Assemblies of God of Singapore

247 Paya Lebar Road #01-01 Singapore 409045

Tel: 6841 4912 Email: admin@ag.org.sg

APPLICATION FOR ORDINATION CREDENTIAL

1. PERSONAL PARTICULARS

Full Name (underline surname): _____

Home Address: _____

Email Address: _____

Home No.: _____ Mobile No.: _____

Date Of Birth (DD/MM/YY): _____ Age: _____ Gender: ☐ M ☐ F

NRIC/Passport No.: _____ Holding Singapore PR: ☐ Yes ☐ No

Citizenship: _____ Occupation: _____

*Affix Recent
Passport-sized
Photo*

2. MARITAL STATUS

Marital Status (tick where applicable):

☐ Single (Never Married) ☐ Engaged ☐ Married ☐ Divorced ☐ Widowed ☐ Remarried

If married:

Date of Marriage (DD/MM/YY): _____ Country of Marriage: _____

If married: Are you married to someone who has a previous marriage? ☐ Yes ☐ No

If engaged: Are you engaged to someone who has a previous marriage? ☐ Yes ☐ No

If you had a divorce and since remarried, is your former spouse still living? ☐ Yes ☐ No

3. SPOUSE PARTICULARS

Full Name (underline surname): _____ Gender: ☐ M ☐ F

Occupation: _____ Mobile No.: _____

Date Of Birth (DD/MM/YY): _____ Citizenship: _____

Is your spouse attending the same church as you? ☐ Yes ☐ No

If not, please state reason: _____

Name of spouse's church: _____

Spouse's ministry involvement: _____

4. CHILDREN PARTICULARS

Full Name	Age	Date Of Birth			Gender M/F
		DD	MM	YY	

5. EDUCATION (please attach official transcripts)

Secondary / Tertiary:

Name of School	Year Graduated	Certificate/Diploma/Degree Obtained

Bible College / Seminary:

Note: under by-law 5.1.2c, an Ordained Minister must have, or is actively pursuing, at least a theological Bachelor's degree from ACTS College or any Bible Training Institute recognised by the Executive Committee.

Name of School	Year Graduated	Certificate/Diploma/Degree Obtained

Distance Education / Correspondence Programs / Special Training:

Name of School	Year Graduated	Certificate/Diploma/Degree Obtained

6. MINISTRY INVOLVEMENT (starting from the most recent)

Church / Organisation	Position Held	Period (MM/YY)

Name of church you currently attend: _____

Name of Senior Pastor: _____ Church Address: _____

Is the church affiliated with AG? ☐ Yes ☐ No Are you a registered member? ☐ Yes ☐ No

How many years have you been in this church? _____

Have you discussed this credential application with your pastor? ☐ Yes ☐ No

Is preaching / teaching part of your ministry portfolio? ☐ Yes ☐ No

7. SPIRITUAL HISTORY

Please attach a 1-2 pages type-written essay concerning your personal testimony, spiritual autobiography and commitment to Christian ministry. The essay should include:

- Your personal history.
- Your Christian ministry experience, focused on the past 3-5 years.
- Your spiritual/ministry gifts and the specific type(s) of ministry you felt called to.
- Your spiritual mentors and any mentoring relationship with your pastor.

8. FELLOWSHIP LOYALTIES

a) Why do you desire to apply for credentials with the Singapore AG?

b) What AG meetings have you attended in the past one year?

c) What project team(s) or committee(s) have you been involved with the AG?

d) Do you understand and agree to abide by the provisions of the current version of the Constitution and By-Laws of the Assemblies of God of Singapore? ☐ Yes ☐ No

e) Do you personally subscribe to the Tenets of Faith, as contained in the Constitution and By-Laws of the Assemblies of God of Singapore? ☐ Yes ☐ No

f) Do you understand that a credential holder will be subject to discipline in the event that an offense has been committed? ☐ Yes ☐ No

9. PREVIOUS APPLICATIONS/ CREDENTIALS

a) Please state the year that you received your Licensed Credential with the AG: _____

Note: must have held a Licensed Minister credential for at least 3 full consecutive years.

b) Have you ever applied for, or held, ministerial credentials with another organisation or denomination?

☐ Yes ☐ No

c) If response to the above question is "yes", please give particulars:

Organization	Year Credential Held	Description of Credential

10. REFERENCES

It is important that the people listed as references need to be ordained ministers and 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?"

Senior Pastor	Name:	
	Address:	
	Phone No.:	Email Address:

Relationship with referee: _____	Name:	
	Address:	
	Church & Designation:	
	Phone No.:	Email Address:

Relationship with referee: _____	Name:	
	Address:	
	Church & Designation:	
	Phone No.:	Email Address:

11. DECLARATION

a) Do you have any past or existing criminal record(s) in Singapore or overseas? ☐ Yes ☐ No

b) Are you an undischarged bankrupt or do you have any outstanding unsecured debts? ☐ Yes ☐ No

Recognizing that the information on the Credential Reference Form remains confidential between the referee and the Credentials Committee of AG Singapore, 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 the foregoing information is correct and true, and further agree to abide by the commitments made in this application.

Further, I hereby give my consent to AG Singapore to use and retain all personal information contained in the credential application, reference letters or forms completed on my behalf, and any other information necessary to obtain credentials.

I agree that, if my application is successful, all personal information provided as part of the credential application process will become part of the permanent records of AG Singapore (It is our practice to destroy incomplete or unsuccessful application forms after two years).

I understand and agree that, if my application is successful, I will receive electronic and hard-copy communication from the Council Office.

Applicant's Signature: _____

Senior Pastor's Signature: _____

Date: _____

Name of Senior Pastor: _____

(If your church is a non-AG church, will you allow the AG council to present and pray for this candidate in your church service when he/she is successful.) ☐ Yes ☐ No

12. FOR OFFICIAL USE ONLY

Credential: Granted / Rejected

Date of Credential: _____

If rejected, state reason(s):

Date & Venue of recognition by General Council: _____

Comments: _____

AG General Secretary: _____

Date: _____