



2018 Important Licensure and Ordination Dates

Submission of Completed Application Packet: post marked to District no later than September 6, 2018

*Arkansas District UPCI
Ministerial Licensure/Ordination
PO Box 250, Redfield, AR 72132*

Meet District Board: Tuesday, October 23, 2018
Redfield District Office and Boardroom
More information to follow for applicants.

Licensure and Ordination Application Checklist

- Complete all ten (10) Ministry Central courses for appropriate licensure - OR - complete equivalent Purpose Institute training

Ministry Central: <https://ministrycentral.com/course/index.php>
Click "UPCI Ministerial Credentials"

- Read Manual of the United Pentecostal Church International (UPCI)
- Satisfy all requirements for licensure/ordination as laid out in the Manual of the UPCI (Section VII)
- Complete and mail minister's license application packet by above deadline
 - Prior to submitting, set up meeting with sectional presbyter to review application
 - Print the "Confidential Report" included in this packet and provide to your pastor for completion
 - Pastor will complete and seal form in envelope to take with you to your meeting with your presbyter
 - Presbyter may review, sign, seal in envelope for you to include with your application or forward directly to district office
- Application packet should include the following:
 - Transcript from Ministry Central
 - Two (2) photos of you or, if married, two (2) photos of you and spouse
 - \$25 check for application fee
 - Check to UPCI for one-fourth of the annual membership fee*:
***(Not required for promotion applicants)**
Ordination - 2018 UPCI Ordination Annual Fee \$398 x 25% = \$99.50
 - Complete the included insurance form



Application for Ordination

Ordination
Revised 2017

UNITED PENTECOSTAL CHURCH INTERNATIONAL
36 Research Park Court / Weldon Spring, Missouri 63304

*Answer every question. Omission or unanswered questions will cause delay.
Please print clearly.
Enclose 2 photos of you and your spouse.*

IDENTIFICATION

Print Full Name _____

Social Security or Social Insurance # _____

Permanent Address (Street or PO Box) _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone # _____ Email address _____

Date of Birth _____ Age _____ Male

Female _____

Ethnicity (*Your response is optional and will be used for demographic purposes only*):

African-American or Black Caucasian or White Hispanic or Latino Native American

Asian origin, please specify _____ Other, please specify _____

FAMILY STATUS

Acts 2:38
Experience

Single Married Divorced Separated

	Yes	No
Spouse's Full Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's Date of Birth _____ Date Married _____		
Children's Names		
M/F Age Married/Single		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

1. Have you ever been divorced since first receiving the Holy Ghost?.....
2. Has your spouse ever been divorced since first receiving the Holy Ghost?.....
3. If you answered yes to question number 1, have you remarried?
If you answered yes to questions number 1 or 2, please follow the instructions in the Manual, Article 7, Section 8, of the General Constitution. All of the required information must be supplied and submitted to the district board.
4. Do you believe and teach that persons who have been divorced and remarried before they were filled with the Holy Ghost should be made to separate or else be put out of fellowship with the assembly?

EDUCATION

5. If you have attended any United Pentecostal Bible College, please request the school to send the standard information form to the District Secretary.

Type	Level	Place	Years Completed	Year Graduated	Type Degree
Secular	Grade				
	High School				
	College				
	College				
	College				
	College				
Religious	College				
Religious	College				

MINISTERIAL STATUS

6. Which district approved your application for local license? _____
7. What date were you issued local license by the UPCI? _____
8. Which district approved your application for general license? _____
9. What date were you issued general license by the UPCI? _____
10. Why are you applying for ordination at this time? _____
11. What is and what has been your activity in the ministry since having received your general license? Include how long, where, and types of ministry in which you have been involved. _____
- _____
- _____
- _____
- _____
12. If serving under another minister as a member or assistant, give his name and the name of the church. _____
- Please list all former pastors with the dates you were under their ministry.
- _____
- _____
- _____
- _____
- _____

13. Give a brief resume of your continuing preparation for the ministry since receiving general license. (Include such matters as schooling, study, prayer life, etc.) _____

Yes No

14. Have you met the educational requirements, read the Manual, and read the Bible through since receiving your local license?.....

15. Have you held license with the UPCI previously, but are not currently licensed?
If so, why did you discontinue fellowship?

16. Do you hold license or credentials with any other religious body?.....
If so, with whom? _____
Are you willing to discontinue your license or credentials with said body if accepted into the UPCI?.....

17. Have you ever held credentials or license with any other religious body?.....
If so, with whom? _____ When? _____

18. Have you ever been refused credentials or license by this or any other organization?.....
If so, explain in detail including what grounds.

19. Are you a member of any lodge or secret order?

20. Review the extent of your personal soulwinning, including the number of home Bible studies you have conducted and the results of those efforts: _____

21. If you are involved in secular employment, give the following information:

Type of work _____ Hours per week involved _____

Name of employer _____

Address of employer _____

DOCTRINAL AND OTHER CONVICTIONS

	Yes	No
22. Do you believe in and practice the paying of your tithes into the Lord’s work?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you believe and teach that the church must observe Saturday as the Sabbath?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you believe in observing the Lord’s supper and footwashing both literally and spiritually?..	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you believe that eternal salvation of men depends upon their repentance, water baptism in the name of Jesus Christ for the remission of sins, and the infilling of the Holy Ghost with the initial sign of speaking with other tongues as the Spirit gives utterance, faith in the Lord Jesus Christ, and obedience to the gospel during this present life and age?.....	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you believe and teach that “once saved, always saved,” or what is known as the “Doctrine of Unconditional Eternal Security”?.....	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you believe in a literal millennium?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you believe in, and earnestly look forward to, the soon coming of the Lord Jesus for the catching away of the church?.....	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you believe in the eternal punishment of the wicked?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you believe and teach that it is the duty of all saints to show respect toward and to be obedient to all lawful requirements of civil government that are not contrary to the Word of God (Romans 13:1-10; Matthew 17:24-27 and 22:17-21)?.....	<input type="checkbox"/>	<input type="checkbox"/>
31. Are you endeavoring to measure up to the scriptural qualifications as given in I Timothy 3:1-7?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have a television set in your home?.....	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you use all media in accordance with Article 7, Section VII, paragraph 29 of the General Constitution of the UPCI	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you believe and teach the divine or heavenly flesh of Jesus Christ doctrine, (defined as that the flesh of Jesus Christ had no biological or genetic relationship to other human beings)?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you believe and teach the doctrine of preterism—that the coming of the Lord was fulfilled in the first century and that most, if not all, of the prophecies of the coming of the Lord addressed judgment upon the Jews, culminating in the destruction of Jerusalem in A.D. 70?	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL AND LEGAL STATUS

Yes No

36. Have you ever taken bankruptcy? If yes, please explain.....

37. Have you ever been convicted of or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, please explain. (Attach a separate page, if necessary.).....

38. Have you ever been convicted of or pleaded guilty to a crime other than traffic violations? If yes, please explain. (Attach a separate page, if necessary.)

39. Do you consent to an investigation of your financial stewardship if deemed necessary by the district board?.....

40. Are you living within your monthly income?.....

41. Are you current with your monthly obligations?.....

42. Are you willing and do you agree to cooperate with the district financial plan?

COMMITMENT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 43. Will you abide by the teaching of the organization and be under its jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Will you continue to recognize our pastors and ministers in their field of labor, showing due ministerial courtesy and avoid breaking the unity of the Spirit?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you continue to believe in the Articles of Faith and ministerial obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Will you continue to refrain from speaking evil, critical, and contentious words about anyone in our fellowship? Will you work in peace and harmony with all ministers and missionaries and will you cooperate with all efforts of the organization?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Will you continue to refrain from contending for your personal views to the disunity of the church? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. You may give other pertinent information concerning yourself on page 7 of this application. | | |

This section only for those who have never held license with the UPCI

PERSONAL SPIRITUAL EXPERIENCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 49. Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38? | <input type="checkbox"/> | <input type="checkbox"/> |
| When? _____ Where? _____ By whom? _____ | | |
| 50. Do you believe that speaking with other tongues as the Spirit gives utterance is the initial sign of the baptism of the Holy Ghost, Acts 2:4? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Have you received this experience?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| When? _____ Where? _____ | | |
| 52. Do you believe in preaching and teaching the same?..... | <input type="checkbox"/> | <input type="checkbox"/> |

CONFIDENTIALITY STATEMENT

The confidentiality of statements about ministers or ministerial applicants must be held in sacred trust by district superintendents and members of district boards. Violations of this trust could result in disciplinary action or civil liabilities. However, it is equally important that district superintendents communicate relevant information about ministers to other district officials and local church officials who have a need to know. Examples of such communication are ministers transferring to other districts and information concerning a minister who is a candidate to pastor a church. Failure to disclose information may result in legal responsibility. If a ministerial applicant is not approved for license, the district board may, upon his request, disclose to him the nature of the information it has obtained about him, but not the sources.

LIMITED DISCLOSURE AGREEMENT

I, _____, in consideration of my receiving ministerial credentials from the United Pentecostal Church International do hereby authorize the district superintendent or his designee in his sole discretion to release to any general official, district official, or local church official who has a need to know any information concerning my conduct and cooperation in the organization. Information

may be released on the initiative of the district superintendent or in response to an inquiry. I also hereby release the above officials from any and all liability for damages of whatever kind or nature which may at any time result to me on account of their disclosure of information authorized by this agreement.

I expressly agree that this release is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further agree that this limited disclosure agreement shall remain in legal force and effect as long as I remain a member of the United Pentecostal Church International.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Date

Signature of Applicant

STATEMENT

The information contained in this application is correct to the best of my knowledge. I understand and agree that the district board may conduct a background check relative to the questions in this application to determine my character and fitness for the ministry. I agree not to seek damages from any person, church, or organization on account of compliance with this agreement and authorization.

I understand that any information provided to the district board will remain confidential, and I therefore waive any right that I may have to examine this confidential information. Moreover, if the district board deems it necessary, I authorize a credit check and/or criminal record check.

In consideration of the receipt and evaluation of this application, I agree to this background check as stated above by my signature on this application.

SIGNATURE OF APPLICANT _____ Date _____

Signature of Pastor or Other Ordained Minister

Affiliated with the United Pentecostal Church International

_____ Date _____

Use this space for further explanation of any questions on preceding pages.

NOTE: New applicants are required to submit the following with their application: two photos, one for the district files and one for the national files, one-fourth of the annual membership fee, a \$25.00 application fee and an insurance form. The membership fee entitles a minister to a license, fellowship card, *Manual, Ministerial and Church Directory*, subscriptions to the *Pentecostal Herald* and *Forward*, and a \$10,000 life insurance policy with double indemnity and dismemberment provisions. (Promotion applicants do not need to submit one-quarter dues. The application fee, two photos and an insurance form are required.)

When this application is completed and all signatures obtained, make your money order or check payable to the UNITED PENTECOSTAL CHURCH INTERNATIONAL and mail with the application, photos and insurance form to your district superintendent, or to the official designated in your particular district, for the endorsement of the district board.

DISTRICT BOARD

Place of meeting _____ Date _____

Number of board members present _____ Votes accepting _____ Votes against _____

Place of ordination _____ Date _____

By whom? _____

If previously ordained, has original ordination been accepted? Yes No

If so, by whom? _____ Date _____

Place of meeting _____

District Superintendent _____

or

District Secretary _____



Arkansas District United Pentecostal Church, Int., Inc.
Confidential Report for Ministerial Applicants

Applicant's Name _____

Pastor's Name _____

Presbyter's Name _____

How long has the applicant been a member of your church/Section? _____

Please rate the applicant as EXCELLENT, GOOD FAIR OR POOR in each area:

Faithfulness _____ **Cooperation** _____ **Obedience** _____

Stewardship _____ **Leadership** _____ **Soul Winning** _____

Prayer _____ **Attendance** _____ **Relationships** _____

Disposition _____ **Friendliness** _____ **Attitude** _____

Loyalty _____ **Bible Knowledge** _____ **Finances** _____

What Positions has the applicant held in the Church or Section?

What is the general behavior of applicant's companion and children?

If applicant is single, how is the attitude and conduct toward the opposite sex?

Is the applicant a soul winner? _____

Do you feel the applicant has a call to preach? _____

Have you reviewed the application to insure it is complete and that the applicant qualifies for credentials in the UPCI? _____

Do you recommend the District Board approve his request for license subsequent to evaluation and interview? _____

Is there any other information your feel the District Board should have available in considering this application? _____

If so, would you prefer to give it in person or in writing? _____

Pastor's Signature _____ **Date** _____

As the presbyter for the section, I have reviewed the application and determined it is complete. I have interviewed the applicant and recommend this application be included on the agenda for evaluation by the District Board.

Presbyter's Signature _____ **Date** _____

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name United Pentecostal Church International	Group No. 619289	

BENEFICIARY INFORMATION

<ul style="list-style-type: none"> Your designation revokes all prior designations. Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries. If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____." A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor. Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy. If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%." 																							
<table border="1"> <thead> <tr> <th>PRIMARY – Full Name</th> <th>Address</th> <th>Date of Birth</th> <th>Phone No.</th> <th>Relationship</th> <th>% of Benefit</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						PRIMARY – Full Name	Address	Date of Birth	Phone No.	Relationship	% of Benefit												
PRIMARY – Full Name	Address	Date of Birth	Phone No.	Relationship	% of Benefit																		
<table border="1"> <thead> <tr> <th>CONTINGENT – Full Name</th> <th>Address</th> <th>Date of Birth</th> <th>Phone No.</th> <th>Relationship</th> <th>% of Benefit</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						CONTINGENT – Full Name	Address	Date of Birth	Phone No.	Relationship	% of Benefit												
CONTINGENT – Full Name	Address	Date of Birth	Phone No.	Relationship	% of Benefit																		
<hr/> Signature of Member/Employee			<hr/> Date																				