



**Church of God  
Ministerial Licensure Application**

**Calling And Ministry Studies  
For Students (CAMSFS)  
(Students aged 14-22)**

**NAME OF APPLICANT:** \_\_\_\_\_

**NAME OF STATE/REGION:** \_\_\_\_\_

**CHURCH OF GOD INTERNATIONAL OFFICES  
Cleveland, Tennessee, U.S.A.**

**August 2023**



**Church of God**  
**CAMS FOR STUDENTS (CAMSFS) EXHORTER, MINISTER OF MUSIC, AND**  
**MINISTER OF CHRISTIAN EDUCATION APPLICATION FORM**  
**(Must be students aged 14-22)**

**Instructions:** *The applicant should complete Part I of this form. Applicants 14-17 years of age must have a parent or guardian complete Part II. Then the application should be presented to the applicant's pastor with two letters of recommendation. The pastor should complete Part III, sign the application in the appropriate locations, and forward the form and the two recommendation letters to the district overseer. The district overseer should sign the form and forward it and the two recommendation letters to the administrative bishop.*

In preparing to enter the ministry in the Church of God, read these Scriptures, which are important in preparing for endorsement as an Exhorter: Matthew 10:16; Romans 15:1-6, 16-17; 1 Corinthians 1:1-2; 2 Corinthians 13:11; Ephesians 4:31, 32, 5:1, 2; Philippians 1:27, 2:1-3; 1 Thessalonians 5:12-15; 1 Timothy 3:1-16, 4:12; 2 Timothy 2:23-26, 3:10-17; Titus 1:5-9, 2:7-8, 3:9; Hebrews 13:5, 7, 9, 17; James 1:5, 3:13, 17; 1 Peter 5:1-10.

**PART I: APPLICANT INFORMATION**  
**GENERAL INFORMATION**

Applicant's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security No. (must have before taking test) \_\_\_\_\_ Nationality \_\_\_\_\_

Please indicate ethnicity:

<input type="checkbox"/> African	<input type="checkbox"/> Haitian
<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian, Eskimo or Aleut	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____
<input type="checkbox"/> East Indian or West Indian	

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_  Male  Female

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S.A. Citizen?  Yes  No

If married, name of spouse \_\_\_\_\_

If you have children, list the name, age, and gender of all your children: \_\_\_\_\_

**SPIRITUAL EXPERIENCE**

1. Age at conversion \_\_\_\_\_
2. Date of conversion \_\_\_\_\_
3. Age when sanctified \_\_\_\_\_
4. Have you received the baptism with the Holy Spirit with the evidence of speaking in tongues?  Yes  No
5. Age when baptized with the Holy Spirit \_\_\_\_\_
6. Have you been baptized in water in the name of the Father, the Son, and the Holy Spirit?  Yes  No
7. Date of water baptism \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Have you backslidden since your initial water baptism?  Yes  No
9. If yes, have you subsequently been baptized?  Yes  No If yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Do you have personal devotions?  Yes  No

## CALL TO MINISTRY

1. Age when you became aware of your call to ministry \_\_\_\_\_
2. Describe your call to ministry (use additional paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MINISTRY-RELATED QUESTIONS

1. Are you a member of the Church of God?  Yes  No If yes, where? \_\_\_\_\_  
Date united with the Church of God \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Are you consistent in church attendance?  Yes  No
3. Are you consistent in tithing to the church tithing fund?  Yes  No  No Income
4. Are you consistent in giving offerings?  Yes  No  No Income
5. How many sermons have you preached? \_\_\_\_\_
6. How many lessons have you taught? \_\_\_\_\_
7. Among the following activities, check the ones in which you are regularly involved:
  - Bible teaching  Music ministry  Senior adult ministry
  - Children's ministry  Outreach ministry  Youth ministry
  - Discipleship  Prayer ministry  Other ministry \_\_\_\_\_
  - Lay ministry  Preaching ministryPlease describe any other ministerial involvement: \_\_\_\_\_  
\_\_\_\_\_

Indicate the most significant ministerial experiences you have had in the past six months:

- Teaching a class  Witnessing to someone  Leading someone to Christ
- Praying over a need  Visiting a shut-in  Preaching a sermon

Other experience(s): \_\_\_\_\_  
\_\_\_\_\_

State briefly why you wish to become a minister in the Church of God: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Indicate areas of the ministry in which you feel most effective:
  - Helps  Preaching  Teaching  PrayingOther(s): \_\_\_\_\_
9. Have you ever been certified by a local church as a lay minister?  Yes  No If yes, where? \_\_\_\_\_  
\_\_\_\_\_
10. Have you read the entire Bible?  Yes  No How many times? \_\_\_\_\_  
**(Reading the entire Bible before completing the CAMS For Students program is required.)**  
Are you presently engaged in a systematic program of Bible study?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
11. As a part of this application process, obtain two (2) letters of recommendation (one from your most recent pastor **AND** one from either an employer, teacher, coach, **OR** an individual outside your family).

## MARITAL HISTORY

### POLICY STATEMENTS ON DIVORCE AND REMARRIAGE Ruling as of August 2002

No applicant whose former spouse is living, or whose spouse's former spouse is living, shall be considered eligible for ministerial credentials except in cases where the divorce occurred because of the infidelity of the former spouse (Matthew 19:9), or the divorce occurred prior to initial conversion (2 Corinthians 5:17) or due to abandonment by an unbelieving spouse (1 Corinthians 7:15). **Conversion is interpreted as that point in time when one makes a public commitment to Christ, followed by a consistent Christian lifestyle.** In no case shall this provision apply to one who once walked with Christ, but who later divorced and/or remarried while living in a backslidden condition.

Whenever the applicant and/or spouse has a prior marriage, the applicant is asked to complete a set of forms concerning divorce and remarriage for each prior marriage. The applicant and spouse will be interviewed by the administrative bishop at a time and location set by the administrative bishop. With the recommendation of the administrative bishop and State Council, the marital forms are to be submitted to the International Executive Committee for consideration. When an applicant has been approved by the International Executive Committee and has been given clearance from a national criminal background check, the applicant may be given the materials to begin the licensing process.

## LIFE HISTORY QUESTIONS

1. **Educational Background:** (List location and degree received)

- Certificate In Ministerial Studies (CIMS) Certificate \_\_\_\_\_
- GED Diploma \_\_\_\_\_
- High School Diploma \_\_\_\_\_
- Hispanic Bible Institute Certificate \_\_\_\_\_
- Other Institute Certificate \_\_\_\_\_
- Technical School Certificate \_\_\_\_\_

2. **Employment:** Start with current or most recent employer. Give an accurate and complete full-time and part-time employment record.

**Current or most recent employer** [Attach additional page(s) for previous employer(s)]

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title(s) \_\_\_\_\_

**I am no longer employed there because:**  I was laid off.  I quit.  I was terminated by the company.

I quit because I was going to be terminated by the company.

3. Do you have any ongoing problems with personal/family financial management, including credit card foreclosures, problems with debt collectors?  Yes  No If yes, please explain: \_\_\_\_\_

# NATIONAL CRIMINAL BACKGROUND CHECK QUESTIONS

*(If approved by the administrative bishop to continue with the credentialing process, these questions will be asked again by the Oxford Document Management Company.)*

*Please check either “yes” or “no” for each question. If the answer to any of the following questions is “yes,” please indicate the question number, provide relevant information regarding your response, and indicate resolution of the issues, if any. Use additional paper if necessary.*

1. Have you ever been charged<sup>1</sup> with any ethics violation, or are any such actions pending against you?  No  Yes
2. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals you were seeing in a professional context (e.g., a parishioner, a patient, an employee, a subordinate, a student)?  No  Yes
3. Do you have a history of alcohol abuse?  No  Yes
4. Do you have a history of drug abuse with any other drugs: recreational, prescription, over the counter, or illicit?  No  Yes
5. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?  No  Yes
6. Have you ever been charged with traffic violations?  No  Yes
7. Has your driver’s license ever been revoked or suspended?  No  Yes
8. Is there anything regarding your personal and private life, such as immorality, pornography problems, or other problems, which you knowingly should divulge to those examining you for ministry?  No  Yes

## PERSONAL COMMITMENT TO THE CHURCH OF GOD

In applying for ministerial credentials with the Church of God, I affirm my personal belief in the doctrine contained in the Declaration of Faith and elsewhere in the current Church of God Book of Discipline, Church Order, and Governance of the *Minutes* of the International General Assembly of the Church of God. I believe that the Practical Commitments of the Church of God are Biblical exhortations for the life of holiness. I affirm my personal belief in, and the practice of, the tithing system as recommended by the International General Assembly. I have prayerfully considered the above questions and statements, and I have answered them honestly and conscientiously to the best of my understanding and ability. I hereby pledge allegiance to the Church of God and dedicate my ministry to the gospel of Jesus Christ.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Throughout this document, “charged” indicates allegations made in writing and known to you.

## PERSONAL CONSENT AND PERMISSION FORM FOR BACKGROUND CHECK

Your response to the above questions in this application will be helpful to your pastor in completing Part III of this form. It will also assist the administrative bishop and State Ministerial Examining Board to better evaluate you for licensure. By signing below, you are granting permission for this application to be released by the administrative bishop to those he deems necessary in processing your licensure application.

"I certify to the best of my knowledge and ability, the information provided in this CAMS For Students: Exhorter, Minister of Music, and Minister of Christian Education Application Form is true, correct, and complete. I authorize investigation of all statements contained in this application, including the conducting of a national criminal background check. I further authorize all references, supervisors, and organizations listed in this application to give the Church of God any and all information concerning my previous employment and any other pertinent information, personal or otherwise, that they may have concerning my character or fitness to serve as a minister. I release any and all parties from any and all liability for any damage that may result from furnishing such information to the Church of God.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Applicants under 18 years of age are required to have a Parent/Guardian Signature)**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II: PARENT/GUARDIAN CONSENT

*(Only for applicants 14-17 years of age and must be notarized)*

#### GENERAL INFORMATION

Parent/Guardian Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

U.S.A. Citizen?  Yes  No  Male  Female

Are you:  Single, never married  Married  Single, divorced  Widow/Widower

Relationship to the Applicant: \_\_\_\_\_

#### PARENT/GUARDIAN QUESTIONS

1. Do you support and approve the applicant's decision to participate in the Calling and Ministry Studies For Students in the Church of God?  Yes  No

2. Are you a Church of God member?  Yes  No

If yes, what church holds your membership? \_\_\_\_\_

If not, are you affiliated with another denomination or group?  Yes  No

If so, what denomination/group? \_\_\_\_\_

3. Share your thoughts about the applicant's ministerial gifts and talents. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT NOTICE**

I, \_\_\_\_\_, affirm that I am the legal guardian of \_\_\_\_\_  
(Print Name) (Print Applicant Name)

and, as such, have the right to grant permission for participation in the Church of God Calling and Ministry Studies For Students program to be implemented under the Church of God State Office and the local pastor's guidance. I have also read and signed the "Personal Consent and Permission Form for Background Check" which indicates permission is given.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared before me and proved to me on the basis of  
(Print Name of Parent/Guardian)

satisfactory evidence to be the person whose name is subscribed to in the above notice thereby executing this document.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

(seal)

My commission expires: \_\_\_\_\_

### PART III: PASTOR'S RECOMMENDATION

This portion of the application must be completed by the applicant's local pastor.

If the applicant is currently pastoring a church, this form must be completed by the district overseer.

#### MINISTERIAL ACTIVITY

*(It may be necessary for you to interview the applicant and his/her family prior to completing this recommendation.)*

1. Do you feel that you know the applicant well enough to evaluate his/her eligibility for the exhorter credential?  
 Yes  No
2. Do you know of any reason why the applicant is not qualified for licensure in the Church of God?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Are you aware of the marital history of the applicant?  Yes  No  
[If you answered no, it is essential that you interview the applicant and gain this information before proceeding.]
4. In what ministerial position(s) within the local church is the applicant presently serving? \_\_\_\_\_
5. Has the applicant been baptized in the Holy Spirit with the evidence of speaking in other tongues?  Yes  No
6. Please describe the applicant's participation in church ministries:  
 Faithful  Unenthusiastic  Effective  Participates, but ineffective
7. Please describe the applicant's knowledge of the Word of God:  Excellent  Above Average  Below Average
8. List any area(s) of the ministry or personal conduct where you believe that the applicant's performance is unsatisfactory: \_\_\_\_\_  
\_\_\_\_\_
9. List any area(s) where the applicant excels in ministerial knowledge and skills: \_\_\_\_\_
10. List any area(s) of ministerial knowledge and skills where the applicant needs the most improvement? \_\_\_\_\_
11. Please describe how often the applicant is involved in preaching activities:  
 Frequent  Infrequent  Strong initiative in seeking opportunities  Lacks initiative in seeking opportunities
12. How long have you known the applicant? \_\_\_\_\_ In what relationship? \_\_\_\_\_
13. How long has the applicant been a member of your local church? \_\_\_\_\_
14. Is the applicant faithful in tithing?  Yes  No In offerings?  Yes  No In attendance?  Yes  No
15. Is the applicant's spouse a member of your church?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
16. Is the applicant and spouse consistent in church attendance?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Do you believe the applicant is called to a ministry that requires credentials?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
18. Describe the applicant's present ministerial activities: \_\_\_\_\_  
\_\_\_\_\_
19. List any ministerial and/or personal strengths you see in the applicant: \_\_\_\_\_  
\_\_\_\_\_
20. List any ministerial and/or personal weaknesses you see in the applicant: \_\_\_\_\_  
\_\_\_\_\_



21. Describe the spouse's attitude toward the applicant's ministerial calling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL RELATIONSHIPS**

22. Does the applicant have a history of good interpersonal relationships in the local church ministry?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

23. Does the applicant have a good record of personal and financial integrity in the church and community?  
 Yes  No  Not sure If no or not sure, please explain: \_\_\_\_\_  
\_\_\_\_\_

24. Does the applicant have the trust and respect of fellow Christians?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

25. Does the applicant demonstrate all of the following:  
accountability  Yes  No positive attitude  Yes  No  
commitment  Yes  No sincere love for people  Yes  No  
emotional stability  Yes  No spiritual maturity  Yes  No  
If no to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. If the applicant is married, how would you describe his/her marital situation? \_\_\_\_\_  
\_\_\_\_\_

27. Do you feel confident that the applicant can control his/her temper?  Yes  No  Not sure  
Do you feel confident that the applicant can handle high stress situations?  Yes  No  Not sure  
If no or not sure to either of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Pastor _____
Name of Local Church _____
Date _____

<b>Recommendation of Pastor</b>	
I recommend the applicant for the CAMS For Students Program and exhorter credential.	
<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with reservations <input type="checkbox"/> No	
If yes with reservations, please write an explanation. _____ _____	
Signature: _____	Date: _____

**Recommendation of District Overseer**

I recommend the applicant for the CAMS For Students Program and exhorter credential.

Yes  Yes, with reservations  No

If yes with reservations, please write an explanation. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of Administrative Bishop**

I recommend the applicant for the CAMS For Students Program and exhorter credential.

Yes  Yes, with reservations  No

If yes with reservations, please write an explanation. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The recommendation of the State Ministerial Examining Board is made after the applicant completes Calling And Ministry Studies For Students.**

*[To be completed by the State Ministerial Examining Board]*

**Recommendation of the State Ministerial Examining Board**

After reviewing the application form and interviewing the applicant and spouse, does the State Ministerial Examining Board recommend the applicant for licensure?  Yes  No

Give reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Board Members:** \_\_\_\_\_ **Date Interviewed:** \_\_\_\_\_

**Chairman:** \_\_\_\_\_

**Member:** \_\_\_\_\_

**Member:** \_\_\_\_\_

# **MAJOR STEPS IN THE MINISTERIAL CREDENTIALING PROCESS**

1. Submit the Calling And Ministry Studies For Students (CAMSFS): Exhorter, Minister of Music, and Minister of Christian Education Application.
2. Complete the CAMS For Students program.
3. Remain active in CAMS For Students local church internship until credentialing.
4. Order Exhorter Licensure Study Guide.
5. Receive approval for date to complete the Exhorter exam (Must be 17 or older).
6. Pass the Exhorter Exam.
7. Submit the Ordained Minister and Ministerial Internship Program (MIP) Application.
8. Complete the MIP.
9. Pass the Ordained Minister Exam.
10. Submit the Ordained Bishop Application.
11. Pass the Ordained Bishop Exam.

**FOR STATE OFFICE USE ONLY**

To: Presiding Bishop \_\_\_\_\_  
(Name)

This is to certify that \_\_\_\_\_  
(Name)

Has been duly examined on the doctrine and government of the Church of God by the State Examining Board of \_\_\_\_\_ and is hereby recommended for the rank of exhorter.

Date of Examination \_\_\_\_\_ Grade \_\_\_\_\_  
*Administrative Bishop, please fill in all the above blanks.*

**Signatures of the Administrative Bishop and the State Ministerial Examining Board**

_____	_____
Administrative Bishop	Ordained Bishop
_____	_____
Ordained Bishop	Ordained Bishop

**FOR INTERNATIONAL OFFICE USE ONLY**

Credential File Number: \_\_\_\_\_

**RANK OF MINISTRY:**  Exhorter  Minister of Christian Education  Minister of Music

**STATUS:**  New  Reinstated

Name \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Approved By \_\_\_\_\_  
(Presiding Bishop)

Date Approved \_\_\_\_\_

Credentials issued on: \_\_\_\_\_

Credentials delivered to: \_\_\_\_\_

Administrative Bishop of: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_