

2017

APPLICATION FOR A MINISTER'S LICENSE

Church of the Nazarene

Instructions: This application should be provided to the district secretary or the district superintendent at least two weeks prior to your scheduled interview or by the deadline set by your district, if earlier. The District Ministerial Credentials Board will use it to consider your request for a minister's license.

<input type="checkbox"/> New Minister's License	<input type="checkbox"/> Renewal of Minister's License	Date: / /
		mm/dd/yy

APPLICANT'S INFORMATION

Full Name: _____ Male Female

First Name
Middle Name
Last Name
(Maiden Name)

Current Address: _____

Street /P. O. Box
City
State
Zip Code
County
Dates

Former Address: _____

Street /P. O. Box
City
State
Zip Code
County
Dates

Phone: _____ E-mail: _____

District: NORTH CENTRAL OHIO Local Church Membership: _____

Social Security #: _____ Birth Date: _____ Birthplace: _____

Marital Status: _____ Date of Marriage: _____

Spouse's Name: _____ Birth Date: _____ Birthplace: _____

Child's Name: _____ Male Female Birth Date: _____

Child's Name: _____ Male Female Birth Date: _____

Child's Name: _____ Male Female Birth Date: _____

Child's Name: _____ Male Female Birth Date: _____

• For additional children's names and birth dates, please list on a separate piece of paper and attach to this application.

EDUCATION INFORMATION

List all schools attended and degree earned.

School	Name	Year Graduated	Degree	Major/Minor
High School				
College/Univ.				
Bible College				
Seminary				
Other				

First local minister's license was issued by the _____ local church on _____

What part of a validated Course of Study for Ministers have you completed? ¼ ½ ¾ All

Are you now enrolled or do you plan to enroll in one of our Nazarene institutions? Yes No

If yes, which one? _____

RELIGIOUS EXPERIENCE

1. Describe your call into the ministry:

2. Describe your conversion:

3. Are you entirely sanctified? Yes No Share your experience:

4. Have you had any spiritual lapses since your conversion and sanctification? Yes No
If yes, explain:

CHURCH RELATIONS

5. Record of Church membership (last five years)

Year	Church	Served as *

** SDMI Superintendent, church board member, minister of music, NMI president, NYI president, teacher, etc.*

6. Have you ever been district licensed or ordained in the Church of the Nazarene? Yes No

If yes, list the most recent district that granted you a district license along with the date it was granted or the year of ordination and district on which it took place :

District: _____ Date: _____

First district minister's license was issued by the _____ Date: _____

(Before a new district license is granted, obtain a report and records from the district on which the license lapsed.)

7. Record of Licensed Ministry

Year	Licensed by District	Served as *	Place

*Evangelist, pastor, teacher, student, other. If other, explain.

8. Have you ever been involved in church trouble of any kind? Yes No
 If yes, please explain:

9. Are you in full sympathy and hearty accord with the standards, doctrines, and government of the Church of the Nazarene? Yes No

10. Will you wholeheartedly support the Church and its institutions? Yes No

11. What experience have you had thus far in preaching?

12. Do you sense the urgency of Christians being entirely sanctified? Yes No
 Does your ministry result in the sanctification of believers? Yes No
 If no to either of the above questions, please explain:

13. How many would you estimate were sanctified under your ministry during the past two years?

PERSONAL INFORMATION

14. Are you in good health? Yes No
 If no, state particulars:

15. Are your spouse and children in good health? Yes No
 If no, state particulars:

16. Are there physical irregularities in your family that would hinder your ministry? Yes No
 If yes, please explain:

17. Does your spouse support you in your commitment to fulfill your calling? Yes No
 If no, please explain:

18. List your financial debts.

Financial Debt	Amount

19. Are you behind on any debt or obligation? Yes No

If yes, explain: _____

20. Have you been divorced? Yes No

Details of said divorce of the applicant must be submitted to the presiding General Superintendent in jurisdiction for their review, in accordance with *Manual* paragraphs 320 & 429.1 (#7, #8).
Are you willing to do so? Yes No If these have not been submitted, immediate contact should be made with the District Secretary about it.

21. Has your spouse been divorced? Yes No

22. If married, are you now living with your spouse? Yes No

If no, what are your reasons? _____

23. Have you ever been arrested, convicted or plead “no contest” at any time? Yes No

Have you ever been accused of child molestation, exploitation or abuse? Yes No

If yes to either of the above questions, please explain:

A WORD TO APPLICANTS

The *Manual* of the Church of the Nazarene is specific in matters pertaining to the licensed ministry of the church. These sections should be read carefully and the necessary requirements met before application is made for a district license. List the paragraph numbers from the *Manual* indicating the portion you have read dealing with the “Call & Qualifications of the Minister” and “The Licensed Minister.”

The General Assembly has outlined the COURSE OF STUDY in the *Manual* and is detailed in the regional Sourcebook on Ordination. This course will be supervised by the District Ministerial Studies Board. Information may be secured by contacting the chairman of the district board, or you may consult with your local pastor.

Applicant’s Signature: _____ **Date:** _____

PERMISSION TO OBTAIN A BACKGROUND CHECK

(according to Manual paragraph 429.1)

(This form authorizes the district to obtain background information and must be completed by the applicant. The completed form must be kept on file for at least five years after requesting a background check.)

I, the undersigned applicant (also known as “consumer”), authorize the North Central Ohio District Church of the Nazarene through its independent contractor to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to North Central Ohio District Church of the Nazarene, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Applicant’s Signature: _____ **Date:** _____

**The cost for this background check is \$15.00 your first year.
Please make check payable to NCO and submit with your application. Thank you.**

MINISTRY REPORT

Please provide a brief assessment of this your involvement the ministry in your local church throughout the past church year: _____

To assist the credentials board in determining the ordination service component prerequisite, please answer the following:

Do you serve as official pastoral staff member at your local church, in accordance with Manual 160.1, 160.2, and 208.12? yes no

If yes: Title: _____

Date of Hire: _____ Total Years/Months Served in this position: _____

Average number of hours served per week: _____

Compensation: \$ _____ per week month year

*A hard copy of your signature is required.
Please complete by **March 31** and return to the district office via postal service.*

*NCO District Office
P. O. Box 947
Mount Vernon, OH 43050*

ANNUAL REPORT OF LICENSED MINISTER

(TO BE COMPLETED BY THOSE RENEWING A MINISTER'S LICENSE
WHO ARE NOT SERVING AS SENIOR PASTOR)

Manual 429.8, 435.9

Full Name _____

Local Church Membership _____

Indicate your **approved ministerial role** for the coming year (for classifying you correctly in the District Minutes):

- Pastoral Service - Full-time
- Pastoral Service – Part-time
- General Church Assignment
- Interdenominational/Special Service
- Chaplain
- Unassigned
- Missionary
- Education
- Student
- Christian Education Minister
- Other _____

Total number of lifelong learning hours* completed this year _____
(*20 hours of lifelong learning is the minimum expectation each year. Manual 527.6)

Times preached _____ Calls made _____

In what ways have you supported the Church of the Nazarene?

Date _____ Signed _____

*Please complete by **March 31** and return to the district office via postal service.*

NCO District Office

P. O. Box 947

Mount Vernon, OH 43050