



NATIONAL APPLICATION FOR LICENSURE

Department Of Women
Church Of God In Christ, Inc.

MISSIONARY LICENSURE

APPLICANT INFORMATION Evangelist _____ Deaconess _____ New Credentials _____ Existing
Credentials

1. Full legal name (*first, middle, last*) _____

2. Previous names (*maiden, alias, previous married, pre-adoptive*) _____

3. Date of birth: _____
(MMJDD/YYYY)

4. Current address _____
Number & Street City State Zip Code

4a. Have you lived here at least 7 years? ☐ Yes ☐ No

5. Previous address _____
Number & Street City State Zip Code

6. Contact information _____
Cell Phone Number Fax Number Email Address

7. What is your marital status? ☐ Married ☐ Single ☐ Divorced ☐ Widow

8. Do you have children? ☐ Yes ☐ No 9. Ages of children _____

10. Highest level of education completed? ☐ HS Diploma; ☐ GED; ☐ Some College; ☐ Associate's; ☐ Bachelor's; ☐ Master's; ☐ Doctoral

10a. Are you currently enrolled or have you completed the Missionary School of Licensing? _____

11. Name of Local Church _____ Pastor's Name _____

12. Local Church Address _____
Number & Street City State Zip Code

13. Church contact information () _____ 14. How long have you been a member of your local church? _____
Telephone

15. Name of Jurisdiction _____

16. Bishop's Name _____ 17. Bishop's Email Address _____

18. Jurisdictional Headquarters Address _____

19. Jurisdictional Contact Information () _____ () _____
Telephone Fax

20. Supervisor's Name _____ 21. Supervisor's Email Address _____

22. Department of Women Jurisdictional Headquarters _____
Number and Street

City State Zip Code

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Please Reprint Your Name Here:

23. Have you ever been denied or released from employment due to history of any of the following:

- € Personal conduct
- € Theft
- € Criminal offence
- € Sexual crime
- € Use of drugs
- € Drug trafficking
- € Production of drugs
- € Distribution of drugs
- € Possession of child pornography

24. Have you been convicted of, or do you have charges pending for a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain

Crime: _____ State: _____ Conviction Date: _____ Pending Charges ☐ Yes ☐ No

Crime: _____ State: _____ Conviction Date: _____ Pending Charges ☐ Yes ☐ No

25. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child, juvenile, or adult ☐ Yes ☐ No

26. Have you ever had a contract and/or license to care for children, juvenile, or adults denied, terminated, revoked, relinquished, or suspended?..... ☐ Yes ☐ No

27. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? ☐ Yes ☐ No

28. I understand that I am signing this statement under the penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand any untruthful or purposefully misleading answer or deliberate omission may result in my immediate disqualification for the purpose of Missionary Licensure. I hereby authorize the Department of Women of the Church Of God In Christ, Inc. to administer the necessary verification of the above provided information including but not limited to convictions, licensing, child and adult protective services, and professional licensing records. Any of the named activities are included in but not limited to the disqualifying offences set forth by the Church Of God In Christ, Inc. which may result in the non-approval of credentials in any Jurisdiction. I understand any incomplete or unreadable information may stop or delay processing, and my ministerial endeavor associated with the Church Of God In Christ, Inc.

Signature of Applicant

Date

Signature of Pastor

Date

FOR OFFICE USE ONLY

Signature of Jurisdictional Supervisor

Date

This form must also be filed in the Office of the Jurisdictional Supervisor