

Dear Local License Applicant,

When you return your application and UPCI Insurance Form, you also need to attach two photos of yourself and spouse (they do not have to be professional photos and you may scan them if you are sending your application digitally) and a check or money order for:

- New Minister—\$118.50 (\$93.50 UPCI First Quarter Dues and \$25.00 UPCI Processing Fee) NOTE: If you are sending your application documents digitally, you may send the application fees to the South Texas District UPCI at the address below.

Please make the check or money order payable to UPCI.

Please be sure to fill out the application completely and have signatures in the appropriate places. If you are filling out the digital file, there are ways to do your signature within Acrobat (PC) or Preview (Mac), but you may also scan the signed signature page and send it along with the digital application. You may email the digital file to Terri Brister, [tbrister@me.com](mailto:tbrister@me.com).

Please be sure to include all attachments when you return your application. UPCI headquarters will not process your application without them. Again, if you are submitting the application digitally, just scan the other documents (insurance form, benevolent fund form, etc.), and email them as well to Sis. Brister.

If you are using the postal service, you may mail your application to:

**South Texas District UPCI  
% Lighthouse Church  
PO Box 216  
West Columbia, TX 77486-0216**

Before you meet the district board, you will need to go online to [www.ministrycentral.com](http://www.ministrycentral.com), click on Ministerial Credential Training, and register to view the training videos for the level of license for which you are applying. There will be a charge for these, and they are required before your license will be processed.

Also, please understand that as a local licensed minister, you must remain under the leadership of your pastor. If you transfer your membership, you must obtain permission from your pastor, meet the district board, and submit to the new pastor so long as you are local licensed (Article III, Section 3, Paragraph 3, and Article VII, Section 7, Paragraphs 19b, 25, 26, 28).

## **BENEVOLENT FUND POLICY**

*As excerpted from the Texas District UPCI manual*

### Section 2. Benevolent Fund.

- a. In order to show our love and deep appreciation to each other as ministers of the gospel in the time of bereavement because of death of one of our ministers or their companion, we the ministers of the Texas District of the U.P.C. do hereby adopt a plan which shall be known as the MINISTERS BENEVOLENT ASSOCIATION OF THE TEXAS DISTRICT. This is in order to show our love and concern and is not to be construed as insurance.
- b. Any minister who is a member of the Texas District of the United Pentecostal Church or the South Texas District of the United Pentecostal Church may become a member of the Benevolent Fund. A member Minister may also enroll his or her spouse in the Benevolent Fund. Upon the death of the minister, his or her spouse who is also a member, may remain so long as they remain unmarried and remain a member of the United Pentecostal Church.
- c. Each minister must deposit \$15 for his or her affiliation and \$15 for their companion if they both desire to be affiliated.
- d. The Benevolent Fund will be open to all ministers for 30 days after they receive their license or transfer to either district, and for 30 days after their respective annual district conference. There shall also be an annual promotion within the Texas District for new members of the Benevolent Fund throughout the period of the Fall Sectional Conferences. A letter shall be sent by the Texas District Secretary-Treasurer prior to the first Sectional conference to all ministers of the Texas District. The period of promotion in the Fall Conferences will be a period of enrollment extending 10 days from the date of the last Fall Conference. The privilege of an annual promotion for new members shall be extended to the South Texas District also. This period of enrollment shall be throughout the period of the South Texas District's Fall Sectional Conferences extending 10 days from the date of the last Fall Conference.
- e. If a member is terminated because of non-payment and wishes to be reinstated, he must pay for all deaths from the time of termination to reinstatement, not to exceed \$120.00. Such reinstatement must be prior to the death of the member.
- f. Upon notification of the death of a member or of his or her companion, who is a member, the District Secretary-Treasurer shall mail a notice within 20 days to all members of the Fund. Members will have 30 days to send in their donation.
- g. The District Secretary-Treasurer, upon receiving notice of a death of a member of the Fund shall be authorized to pay the beneficiary the total amount of the receipts derived from the notification of the member's death within 30 days, with a maximum of \$6,000.00. The mail out expense of notifying members of the deaths may be deducted from the fund. (In view of this, the earliest a beneficiary could expect to receive benefits from the Benevolent Fund would be 45 days. It is possible, in the case of multiple deaths, for it to be a longer period of time.) Any member of the Benevolent Fund may designate his or her beneficiary. Otherwise, benefits shall be paid to the member's spouse.
- h. Any member of the Benevolent Association who may transfer to another District may remain a member of the Benevolent Fund in Texas providing they remain current with their donations and remain in good standing with the United Pentecostal Church.

- i. A Benevolent Committee of three members shall be appointed by the District Board for the purpose of resolving claims for deceased members of unusual or exceptional circumstances not covered by the policy.
- j. The District Secretary-Treasurer shall issue each new member and each incoming transferee to the Texas District a Benevolent Fund Application to be returned to the District Secretary- Treasurer within 30 days. If a new minister or transferee desires membership after the qualifying period of thirty days (according to Section 2, Paragraph d.) he or she shall be required to pay donations for each death from the time period following the expiration of his or her qualifying date to become a new member of the Benevolent Fund not to exceed \$120.00. This same privilege of enrollment into the Benevolent Fund may be extended by the South Texas District to each of its new members or incoming transferees.

### **BENEVOLENT FUND MEMBERSHIP ENROLLMENT**

As provided under the Texas District Constitution, Benevolent Fund Membership is available to ministers and minister's spouses of either the Texas District or the South Texas District. Enrollment periods are as follows:

The Benevolent Fund will be open to all ministers for 30 days after they receive their license or transfer to either district, and for 30 days after their respective annual district conference. There shall also be an annual promotion within the Texas District for new members of the Benevolent Fund throughout the period of the Fall Sectional Conferences. A letter shall be sent by the Texas District Secretary-Treasurer prior to the first Sectional conference to all ministers of the Texas District. The period of promotion in the Fall Conferences will be a period of enrollment extending 10 days from the date of the last Fall Conference. The privilege of an annual promotion for new members shall be extended to the South Texas District also. This period of enrollment shall be throughout the period of the South Texas District's Fall Sectional Conferences extending 10 days from the date of the last Fall Conference.

The Benevolent Fund is currently paying \$6,000.00 to a beneficiary at the time of death. The number of members participating determines our ability to pay at this level. Please help those who lose a loved one by enrolling today.

*For more complete information on the Benevolent Fund refer to the Texas District Constitution, Article XI, Section 2 (Benevolent Fund).*

**Attention  
New Member  
Enrollment**

**Ministers Benevolent Association of Texas  
Membership Enrollment Form**

**Attention  
New Member  
Enrollment**

*This form is for new members. Existing members do not need to complete this form.*

As provided under the Texas District Constitution, Benevolent Fund Membership is available to ministers and minister's spouses of the Texas District, South Texas District, and North Texas District. The Constitution calls for a 30 day period of open enrollment after General Conference. The open enrollment period will end November 27, 2017.

**All new enrollments must be postmarked by November 27, 2017**

Please complete the enclosed enrollment form and include your check made payable to the Texas District. We cannot accept any enrollments postmarked after November 27, 2017.

The Benevolent Fund is currently paying \$6,000.00 to a beneficiary at the time of death. The number of members participating determines our ability to pay at this level. Please help those who lose a loved one by enrolling today. For more complete information on the Benevolent Fund refer to the Texas District Constitution, Article XI, Section 2 (Benevolent Fund)

**Benevolent Fund Enrollment Form**

**Member's Name:** \_\_\_\_\_

**Member's Mailing Address:** \_\_\_\_\_

**Member's Phone Number:** Home \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Enclosed is a check for my enrollment fee in the amount of:** \_\_\_\_\_  
( ) \$15.00 for minister ( ) \$15.00 for spouse

**Designation of Beneficiary Information:**

I designate that the following individual(s) to be the beneficiary of any proceeds paid by the Ministers Benevolent Association of Texas fund upon my demise (*additional beneficiaries' information may be listed on back of this form*):

**Designated Beneficiary's Name:** \_\_\_\_\_

**Designated Beneficiary's Mailing Address:** \_\_\_\_\_

**Designated Beneficiary's Phone Number:** Home \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Designated Beneficiary's relationship to you:** \_\_\_\_\_

I understand the following:

- I can change this Designation of Beneficiary by completing another form or by sending a letter of instruction dated with a later date than this form.
- I understand that the Benevolent Fund is subject to provisions in the Texas District Constitution.

**New Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please mail to: Texas District UPC • 4109 S. First Street • Lufkin, TX 75901*

## BENEFICIARY DESIGNATION FORM INSTRUCTIONS

You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your Company's benefits administrator or your own legal advisor.

A beneficiary for employee Life Insurance may be changed at any time upon written request.

**Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).**

Sample wording for common beneficiary designations are shown below:

**Example #1:**

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
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**Example #2:**

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
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Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
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John Does	Relationship: Son	Benefit Percentage: 25%
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If additional space is required, write, "See attached", on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Employee) and dated.**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

# BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR  Change of all prior beneficiary designation(s) (*check only one box*), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number:	Social Security Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Address:		Telephone Number: (    )
Policyholder/Employer:		Policy Number:

### NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your Company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

#### PRIMARY BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: (    )
Social Security Number: _____ Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: (    )
Social Security Number: _____ Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: (    )
Social Security Number: _____ Relationship: _____	Benefit Percent: _____ %

#### CONTINGENT BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: (    )
Social Security Number: _____ Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: (    )
Social Security Number: _____ Relationship: _____	Benefit Percent: _____ %

**Disclaimer:** Spousal consent does not apply to ERISA plans.

**Spousal Consent For Community Property States Only:** If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life and/or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

**Signature of Employee's Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)

## **Ministry Central**

### Information Sheet

#### New Enhanced "Required Reading" Program for UPCI Ministerial Credentials

On January 1, 2017, a new track appeared on the MinistryCentral website that includes everything necessary for applicants to complete their enhanced required reading. The current Licensing and Ordination track will be moved to a Supplemental District Requirements tab. Districts who now require the current MinistryCentral Licensing and Ordination track can continue this practice, but the location on the MinistryCentral site will change to Supplemental District Requirement track.

The new ministerial training program will require licensing and ordination applicants to complete 10 courses (books) designed for the level of credentials for which they are applying. In addition, those applying for local licensure will also be required to watch a video by David K. Bernard that presents the vision of the UPCI.

Each course (book) will include an e-book, six (6) videos (approximately twenty minutes each) and the completion of a test that will assess how well each applicant has mastered the material. Each district board will decide what they expect as a passing grade. Tests are graded by the computer program and can be retaken if necessary. A bank of 50 questions have been developed for each course and each time the test is taken the computer program will randomly select 20 questions. Upon completion of all 10 courses (books), applicants receive a certificate of completion and a list of grades for each course. Applicants should then bring these with them to their District Board interview.

The cost for each course (book) is \$35.

Because some potential applicants have already begun to prepare for their appointment with the District Board, the General Board felt a grace period would be beneficial. If someone has already begun the process of preparing by reading the books of the old required reading list before January 1, 2017 they can finish that process and meet the District Board after fulfilling the old requirements. Anyone starting the process after January 1, 2017, should be encouraged to meet the new requirements. As of January 1, 2018, everyone must follow the new requirements.

The Spanish required reading list will be updated as of January, 2018.

# New Ministerial Reading (English)



Effective January 1, 2017, for each ministerial level of licensure, new applicants are required to complete this training series to obtain ministerial license with the United Pentecostal Church International. Each level includes ten training courses. Approximately half of the courses are available now, with the balance of the courses becoming available by late Spring.

- Each applicant must read the Bible at each licensing level, and read the UPCI Manual.
- Each applicant must complete the Ministry Central training series for the corresponding credentialing level.
- Each level consists of ten courses and each course is purchased separately for **\$35.00**.
- Each course contains six video sessions and an ebook.

For more information, and to enroll in courses, visit [info.ministrycentral.com](http://info.ministrycentral.com)

Physical copies of the books can be purchased separately from [pentecostalpublishing.com](http://pentecostalpublishing.com) at an additional cost.

	Course	Speaker	Price
LOCAL LICENSE REQUIRED READING	Acts	Robin Johnston	\$35.00
	Biblical Interpretation	David K. Bernard	\$35.00
	Gospels	Jeffrey Brickle	\$35.00
	History of the UPCI	Robin Johnston	\$35.00
	Holiness	David K. Bernard	\$35.00
	New Birth	David K. Bernard	\$35.00
	Oneness of God	David K. Bernard	\$35.00
	Pentateuch	Chris Paris	\$35.00
	Preaching I	Jonathan McClintock	\$35.00
	Spiritual Disciplines	James Littles	\$35.00
GENERAL LICENSE REQUIRED READING	Discipleship	Stan O. Gleason	\$35.00
	Doctrine	Scott Graham	\$35.00
	Epistles of Paul	Jeremy Painter	\$35.00
	Ethics	Richard M. Davis	\$35.00
	Gen. Epistles and Revelation	Jeffrey Brickle and Jeremy Painter	\$35.00
	Historical Books	Chris Paris	\$35.00
	History of Doctrine	David K. Bernard	\$35.00
	Leadership I	Eugene Wilson	\$35.00
	Preaching II	Jerry Jones	\$35.00
	Principles of Ministry	David K. Bernard	\$35.00
ORDINATION REQUIRED READING	Christology	David Norris	\$35.00
	Church Administration	Carlton L. Coon	\$35.00
	Church Growth	David K. Bernard	\$35.00
	The End Time	David Norris	\$35.00
	Leadership II	Eugene Wilson	\$35.00
	Pentecostal Heritage	Robin Johnston	\$35.00
	Prophets	David Johnson and Jared Runck	\$35.00
	Psalms and Wisdom Literature	Jeremy Painter	\$35.00
	Romans	David K. Bernard	\$35.00
	Spiritual Gifts	Daniel Segraves	\$35.00

	Book	Author	SKU	Price
LOCAL LICENSE REQUIRED READING	<a href="#">Handbook on the Book of Acts</a>	Robin Johnston	26984	\$19.99
	<a href="#">Understanding God's Word</a>	David K. Bernard	17060	\$13.99
	<a href="#">Handbook on the Gospels</a>	Jeffrey Brickle	27236	\$19.99
	<a href="#">United We Stand</a>	Arthur Clanton and Charles Clanton	22578	\$13.99
	<a href="#">Practical Holiness</a>	David K. Bernard	7971	\$13.99
	<a href="#">The New Birth</a>	David K. Bernard	7952	\$13.99
	<a href="#">The Oneness of God</a>	David K. Bernard	7962	\$13.99
	<a href="#">Handbook on the Pentateuch</a>	Chris Paris	27238	\$19.99
	<a href="#">Life Preaching</a>	Jonathan McClintock	26362	\$14.99
	TBD - Coming Late Spring	James Littles	TBD	TBD
GENERAL LICENSE REQUIRED READING	<a href="#">Follow to Lead: Journey of a Disciple Maker</a>	Stan O. Gleason	27512	\$13.99
	<a href="#">Doctrines of the Bible</a>	J. L. Hall and David K. Bernard, eds.	8081	\$13.99
	<a href="#">Handbook on the Epistles of Paul</a>	Jeremy Painter	26985	\$19.99
	<a href="#">Integrity: Principles of Christian Ethics</a>	Richard M. Davis	27661	\$12.99
	<a href="#">Handbook on the General Epistles and Revelation</a>	Jeffrey Brickle and Jeremy Painter	27259	\$19.99
	<a href="#">Handbook on the Historical Books</a>	Chris Paris	26983	\$19.99
	<a href="#">A History of Christian Doctrine Abridged in One Volume</a>	David K. Bernard	26981	\$17.99
	<a href="#">Realign</a>	Eugene Wilson	25179	\$13.99
	<a href="#">We Preach</a>	Jerry Jones	27263	\$14.99
	<a href="#">The Pentecostal Minister</a>	J. L. Hall and David K. Bernard, eds.	7014	\$13.99
ORDINATION REQUIRED READING	<a href="#">I AM</a>	David Norris	22350	\$24.99
	<a href="#">The Details Matter: Principles of Church Administration</a>	Carlton L. Coon	27826	\$14.99
	<a href="#">Growing a Church</a>	David K. Bernard	13593	\$13.99
	<a href="#">Life, Death, and the End of the World</a>	David Norris	TBD	TBD
	<a href="#">Seventy</a>	Eugene Wilson	26053	\$13.99
	<a href="#">Howard A. Goss: A Pentecostal Life</a>	Robin Johnston	23255	\$19.99
	<a href="#">Handbook on the Prophets</a>	David Johnson and Jared Runck	27269	\$19.99
	<a href="#">Handbook on the Psalms and Wisdom Literature</a>	Jeremy Painter	27267	\$19.99
	<a href="#">The Message of Romans</a>	David K. Bernard	6999	\$13.99
	<a href="#">Spiritual Gifts</a>	David K. Bernard	24543	\$13.99





# Application for Local License

**Local**  
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

	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Acts 2:38 Experience
					Yes    No
Spouse's Full Name _____					□    □
Spouse's Date of Birth _____	Date Married _____				
Children's Names	M/F	Age	Married/Single		
_____	_____	_____	_____		□    □
_____	_____	_____	_____		□    □
_____	_____	_____	_____		□    □
_____	_____	_____	_____		□    □

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				

### PERSONAL SPIRITUAL EXPERIENCE

- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
6. Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38? .....    
 When? \_\_\_\_\_ Where? \_\_\_\_\_ By whom? \_\_\_\_\_
  7. 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? .....
  8. Have you received this experience? .....    
 When? \_\_\_\_\_ Where? \_\_\_\_\_
  9. Do you believe in preaching and teaching the same? .....

### MINISTERIAL STATUS

- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
10. Have you read the Manual of the United Pentecostal Church International? .....
  11. Have you met the educational requirements as set forth in the Manual of the UPCI? .....
  12. Have you preached an average of one sermon each week for at least six months? .....
  13. What special preparation are you making for the ministry?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes No

14. Which church are you a member of at this time?

Name: \_\_\_\_\_

Place: \_\_\_\_\_ Pastor: \_\_\_\_\_

Please list all former pastors with the dates you were under their ministry.

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

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

by 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. Explain in detail your call of God to minister the gospel.

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

21. Explain the scope of your ministry prior to the date of this application as follows:

How long have you ministered? \_\_\_\_\_

Where have you ministered? \_\_\_\_\_

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

Types of ministry? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain the extent of your personal soulwinning. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many home Bible studies have you conducted? \_\_\_\_\_  
 State the results of your home Bible study efforts. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. 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                       |
|---|--------------------------|--------------------------|
| 23. Do you believe in and practice the paying of your tithes into the Lord’s work? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you believe and teach that the church must observe Saturday as the Sabbath?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you believe in observing the Lord’s supper and footwashing both literally and spiritually? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. 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"/> |
| 27. 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"/> |
| 28. Do you believe in a literal millennium? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. 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"/> |
| 30. Do you believe in the eternal punishment of the wicked?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. 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"/> |
| 32. Are you endeavoring to measure up to the scriptural qualifications as given in I Timothy 3:1-7? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

- 33. Do you have a television set in your home?.....
- 34. Do you use all media in accordance with Article 7, Section VII, paragraph 29 of the General Constitution of the UPCI? .....   
Yes No
- 35. 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)?
- 36. 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?

**FINANCIAL AND LEGAL STATUS**

- 37. Have you ever taken bankruptcy? If yes, please explain. ....   
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 38. 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.) .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 39. 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.) .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 40. Do you consent to an investigation of your financial stewardship if deemed necessary by the district board?.....
- 41. Are you living within your monthly income?.....
- 42. Are you current with your monthly obligations?.....
- 43. Are you willing and do you agree to cooperate with the district financial plan? .....

**COMMITMENT**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 44. Will you abide by the teaching of the organization and be under its jurisdiction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have you read the Articles of Faith and do you agree with them?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Have you read the ministerial obligations and rules and do you agree with them? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Will you recognize our pastors and ministers in the field of labor, showing due ministerial courtesy and avoid breaking the unity of the Spirit in assemblies?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Will you 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"/> |
| 49. Even though you have the privilege of certain personal convictions, will you pledge yourself not to contend for your personal views to the disunity of the body? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. You may give other pertinent information concerning yourself on page 7 of this application.   |                          |                          |

**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.*

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

**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 \_\_\_\_\_

District Superintendent \_\_\_\_\_

or

District Secretary \_\_\_\_\_