

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 (Spanish)



Efectivo el 1 de Enero del 2012, los requisitos de lectura para Licencia Ministerial con la Iglesia Pentecostal Unida han cambiado. Pentecostal Publishing House ofrece paquetes convenientes de todos los libros necesarios para cada nivel de licencia. For English language bundles, see other side.

Nuevos requisitos estarán disponibles el 1 de Enero de 2018.

[www.pentecostalpublishing.com](http://www.pentecostalpublishing.com) | 866.819.7667



Local License Required Reading	THE BIBLE (not included)		
	CHARACTER COUNTS / EL CARACTER CUENTA .....	22776	\$10.00
	EVIDENCE OF THE BIBLE'S INSPIRATION / EVIDENCIAS DE LA INSPIRACION DE LA BIBLIA.....	22626	\$8.50
	IN SEARCH OF HOLINESS / EN BUSCA DE LA SANTIDAD .....	9406	\$13.99
	THE NEW BIRTH / EL NUEVO NACIMIENTO .....	13597	\$13.99
	THE ONENESS OF GOD / LA UNICIDAD DE DIOS .....	9407	\$13.99
	THEIR STORY: 20 <sup>TH</sup> CENTURY PENTECOSTALS / SU HISTORIA: LOS PENTECOSTALES DEL SIGLO VEINTE.....	7046	\$12.99
	WHEN YE FAST / CUANDO AYUNÉIS .....	15452	\$10.99
<b>ENTIRE PACKAGE.....</b>	<b>24331</b>	<b>\$76.01</b>	

General License Required Reading	THE BIBLE (not included)		
	ACTS / HECHOS.....	4205	\$4.00
	BIBLE DOCTRINE I / LA DOCTRINA BIBLICA I.....	4213	\$4.00
	BIBLE DOCTRINE II / LA DOCTRINA BIBLICA II .....	4214	\$4.00
	HISTORY OF THE OLD TESTAMENT / HISTORIA DEL ANTIGUO TESTAMENTO .....	4233	\$4.00
	LIFE OF CHRIST I / LA VIDA DE CRISTO I.....	4238	\$4.00
	LIFE OF CHRIST II / LA VIDA DE CRISTO II .....	4239	\$4.00
	LIFE OF CHRIST III / LA VIDA DE CRISTO III .....	4240	\$4.00
	LIFE OF CHRIST IV / LA VIDA DE CRISTO IV .....	4241	\$4.00
	MINISTERIAL ETHICS / ETICA MINISTERIAL.....	22625	\$8.50
	TABERNACLE IN THE WILDERNESS / EL TABERNACULO EN EL DESIERTO.....	4074	\$3.00
	THE PENTECOSTAL MINISTER / EL MINISTRO PENTECOSTAL .....	4250	\$1.20
<b>ENTIRE PACKAGE.....</b>	<b>24332</b>	<b>\$37.53</b>	

Ordination Required Reading	THE BIBLE (not included)		
	BIBLE DOCTRINE III / LA DOCTRINA BIBLICA III .....	4215	\$4.00
	BIBLE DOCTRINE IV / LA DOCTRINA BIBLICA IV.....	4216	\$4.00
	HISTORY OF THE CHRISTIAN CHURCH / HISTORIA DE LA IGLESIA CRISTIANA .....	4056	\$3.00
	PANORAMIC VIEW OF THE BIBLE I / UNA VISTA PANORAMICA DE LA BIBLIA I.....	4062	\$3.00
	PANORAMIC VIEW OF THE BIBLE II / UNA VISTA PANORAMICA DE LA BIBLIA II .....	4091	\$3.00
	PANORAMIC VIEW OF THE BIBLE III / UNA VISTA PANORAMICA DE LA BIBLIA III .....	4063	\$3.00
	PASTORAL COUNSELING / CONSEJOS PASTORALES.....	4064	\$3.00
	STUDIES FOR PASTORS / ESTUDIOS PARA PASTORES .....	4246	\$4.00
<b>ENTIRE PACKAGE.....</b>	<b>24330</b>	<b>\$24.30</b>	



# Application for Local License *Solicitud para la Licencia Local*

Revised 2017

## UNITED PENTECOSTAL CHURCH INTERNATIONAL *IGLESIA PENTECOSTAL UNIDA INTERNACIONAL, INC.*

36 Research Park Court      Headquarters (Sede)      Weldon Spring, Missouri 63304

Answer every question. Omission or unanswered questions will cause delay. Please type or print clearly.  
*Conteste todas las preguntas; la omisión de algunas causará retraso. Incluya una foto de usted y su cónyuge.*

### IDENTIFICATION *IDENTIDAD PERSONAL*

Print full name here <i>Escriba su nombre completo</i> _____		Social Security # <i>Número de Seguro Social</i> _____	
Permanent Address <i>Dirección permanente: Calle</i> _____		P.O. Box <i>Apartado Postal</i> _____	
City <i>Ciudad</i> _____	State <i>Estado</i> _____	Zip <i>Código Postal</i> _____	Telephone <i>Teléfono</i> _____
Date of Birth <i>Fecha de nacimiento</i> _____	Age <i>Edad</i> _____	Male <i>Masculino</i> <input type="checkbox"/>	Female <i>Femenino</i> <input type="checkbox"/>
		Nationality <i>Nacionalidad</i> _____	
I prefer to receive my ministerial dues invoice by email. <input type="checkbox"/> <i>Prefiero recibir mi factura ministerial de derechos por correo electrónico.</i>		Email address: <i>La dirección correo electrónico:</i> _____	

### FAMILY STATUS      *ESTADO CIVIL*

Single      Married      Divorced      Separated  
*Soltero(a)*       *Casado(a)*       *Divorciado(a)*       *Separado(a)*

Spouse's Full Name <i>Nombre Completo de su Esposa(o)</i> _____	Acts 2:38 Experience <i>Ha Experimentado Hechos 2:38</i>	Yes No <i>Si No</i>
		<input type="checkbox"/> <input type="checkbox"/>

Date Married <i>Fecha de Casamiento</i> _____	Date of Birth <i>Fecha de Nacimiento</i> _____
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Children  
*Hijos*

Name <i>Nombre</i>	M or F <i>M o F</i>	Married or Single <i>Casado(a) o Soltero(a)</i>	Acts 2:38 Experience <i>Ha Experimentado Hechos 2:38</i>		
_____	_____	_____		<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?  
*¿Se ha divorciado después de haber recibido el Espíritu Santo?* .....
2. Has your spouse ever been divorced since first receiving the Holy Ghost?  
*¿Se ha divorciado su cónyuge después de haber recibido el Espíritu Santo?* .....
3. If you answered yes to question number 1, have you remarried?  
**If you answered yes to question 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.**  
*¿Si has contestado si a la pregunta número 1, has vuelto casarse?* .....    
***Si has contestado si a la pregunta número 1 ó 2, por favor siga las instrucciones en el Manual, Artículo 7, Sección 8, de la Constitución General. Toda la información requerida debe ser suplido y presentado a la junta distrital.***

Yes No  
Si No

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?

*¿Cree y enseña que las personas que han sido divorciadas y que han vuelto a contraer matrimonio antes de ser llenos del Espíritu Santo deben separarse, o de lo contrario, deben ser excluidas de la asamblea?.....*

**PERSONAL SPIRITUAL EXPERIENCE**  
**EXPERIENCIA ESPIRITUAL PERSONAL**

5. Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38?

*¿Ha sido bautizado en agua por inmersión en el nombre de Jesucristo para perdón de pecados de acuerdo a Hechos 2.-38?.....*

When? \_\_\_\_\_ Where? \_\_\_\_\_ By Whom? \_\_\_\_\_  
*¿Cuándo? \_\_\_\_\_ ¿Donde? \_\_\_\_\_ ¿Por Quién? \_\_\_\_\_*

6. 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?

*¿Cree que el hablar en otras lenguas según el Espíritu da que hable es la señal inicial del bautismo del Espíritu Santo según Hechos 2:4?.....*

7. Have you received this experience?

*¿Ha recibido esta experiencia?.....*    
When? (*¿Cuándo?*) \_\_\_\_\_ Where? (*¿Donde?*) \_\_\_\_\_

8. Do you believe in preaching and teaching the same?

*¿Predica y enseña lo anteriormente mencionado? .....*

**EDUCATION EDUCACION**

Type	Level	Years Completed	Year of Graduation	Place	Type Degree
<i>Tipo</i>	<i>Nivel</i>	<i>Años Completados</i>	<i>Año de Graduación</i>	<i>Lugar</i>	<i>Tipo de diploma</i>
Secular <i>Secular</i>	Grade	_____	_____	_____	_____
	High School	_____	_____	_____	_____
	<i>Escuela Secundaria</i>	_____	_____	_____	_____
	College	_____	_____	_____	_____
	<i>Escuela Superior</i>	_____	_____	_____	_____
Religious <i>Religiosa</i>	University	_____	_____	_____	_____
	<i>Universidad</i>	_____	_____	_____	_____
	Name of School	Place	Years Attended	Year Graduation	
	<i>Nombre de la Escuela</i>	<i>Lugar</i> _____	<i>Años inscritos</i>	<i>Año de Graduación</i>	
	_____	_____	_____ - _____	_____	
	_____	_____	_____ - _____	_____	

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

*Si ha estudiado en un Colegio Bíblico Pentecostal, por favor solicite al Colegio que envíe su reporte general al Secretario del Distrito.*

**MINISTERIAL STATUS ESTADO MINISTERIAL**

10. Have you read the Manual of the United Pentecostal Church International?

*¿Ha leído el manual de la Iglesia Pentecostal Unida Internacional?.....*

11. Have you met the educational requirements as set forth in the Manual of the UPCI?

*¿Ha completado los requisitos educacionales mencionados en el Manual de la Iglesia Pentecostal Unida Internacional?.....*

Yes No  
Si No

12. Have you preached an average of one sermon each week for at least six months as required in the Manual?.....    
*¿Ha predicado un promedio de un sermón por semana en los últimos seis meses como lo indica el Manual?*

13. What special preparation are you making for the ministry?  
*¿En qué forma se está preparando para el ministerio?* \_\_\_\_\_  
 \_\_\_\_\_

14. Which church are you a member of at this time?  
*¿De qué Iglesia es usted miembro actualmente?*  
 Name: (Nombre) \_\_\_\_\_  
 Place: (Lugar) \_\_\_\_\_  
 Pastor (Pastor) \_\_\_\_\_

Please list all former pastors with the dates you were under their ministry.  
*Anote todos los pastores anteriores con la fecha que se encontraban bajo su ministerio*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Have you held license with this organization (UPCI) previously?  
*¿Ha tenido alguna clase de licencia con esta organización (IPUI) previamente? .....*    
 If so, why did you discontinue fellowship? Answer on page 6.  
*Si la ha tenido, ¿Por qué no continuó su afiliación? Explique con detalles en la página 6.*

16. Do you hold license or credentials with any other religious body?  
*¿Tiene alguna licencia o credenciales con otra organización religiosa? .....*    
 If so, with whom?  
*Si la tiene, ¿Con quién?* \_\_\_\_\_  
 Are you willing to discontinue your license or credentials with said body if accepted by the UPCI?  
*¿Está dispuesto a cancelar su licencia o credenciales con dicha organización si es aceptado en la IPUI?.....*

17. Have you ever held credentials or license with any other religious body?  
*¿Ha tenido alguna vez credenciales o licencia con algún grupo religioso? .....*    
 If so, with whom? \_\_\_\_\_ When? \_\_\_\_\_  
*Si la ha tenido, ¿con quién era? \_\_\_\_\_ ¿Cuándo? \_\_\_\_\_*

18. Have you ever been refused credentials or license by this or any other organization?  
*¿Se le ha negado alguna vez credenciales o licencia con esta Organización o con alguna otra?.....*    
 If so, explain in detail on page 6, including what grounds.  
*De haber sido así, explique con detalles en la página 6.*

19. Are you a member of any lodge or secret order?  
*¿Es usted miembro de alguna logia o agencia secreta? .....*

20. Explain in detail your call of God to minister the gospel.  
*Explique detalladamente el llamado de Dios en su vida para predicar el evangelio:*  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Explain the scope of your ministry prior to the date of this application as follows:  
*Explique el alcance de su ministerio antes de la fecha de esta solicitud de la siguiente forma:*  
 How long have you ministered?  
*¿Cuánto tiempo ha ministrado?* \_\_\_\_\_  
 Where have you ministered?  
*¿Donde ha ministrado?* \_\_\_\_\_

Types of ministry?

¿Tipos de ministerios? \_\_\_\_\_

Explain the extent of your personal soulwinning.

Describe su ministerio personal en cuanto a ganar almas. \_\_\_\_\_

How many home Bible studies have you conducted?

¿Cuántos Estudios Bíblicos en hogares ha dado? \_\_\_\_\_

State the results of your home Bible study efforts. \_\_\_\_\_

Escriba los resultados de los Estudios Bíblicos que usted ha enseñado.

22. If you are involved in secular employment, give the following information: (*Trabajo Secular*)

Type of work (Tipo de trabajo) \_\_\_\_\_

Hours per week involved (Total de horas por semana) \_\_\_\_\_

Name of employer (Nombre de su empleador) \_\_\_\_\_

Address of employer (Dirección) \_\_\_\_\_

**DOCTRINAL AND OTHER CONVICTIONS**

**DOCTRINA Y OTRAS CONVICCIONES**

	Yes	No
	Si	No
23. Do you believe in and practice the paying of your tithes into the Lord's work? ¿Cree y practica en pagar sus diezmos a la Obra del Señor?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you believe and teach that the church must observe Saturday as the Sabbath? ¿Cree y enseña que la Iglesia debe observar el sábado como día de reposo? .....	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you believe in observing the Lord's supper and footwashing both literally and spiritually? ¿Cree literal y espiritualmente en practicar la Santa Cena del Señor y el lavamiento de pies?.....	<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? ¿Cree que la salvación eterna depende en arrepentimiento, bautismo en el nombre de Jesucristo para perdón de pecados, y el ser lleno del Espíritu Santo con la señal inicial de hablar en otras lenguas, según el Espíritu da que hablen; fe en el Señor Jesucristo y obediencia al evangelio durante la vida presente? .....	<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"? ¿Cree y enseña lo que es conocido como la "Doctrina de la Seguridad Eterna Incondicional, esto es, "una vez salvo, siempre salvo".....?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you believe in a literal millennium? ¿Cree literalmente en el milenio?.....	<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? ¿Crees en, y de todo corazón estás esperando, la pronta venida del Señor Jesús para el arrebatamiento de la Iglesia? .....	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you believe in the eternal punishment of the wicked? ¿Cree en el castigo eterno de los pecadores?.....	<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)? ¿Cree y enseña que es obligación de todos los santos mostrar respeto y tener obediencia hacia todos los reglamentos legales del gobierno civil que no son contrarios a la Palabra de Dios, Romanos 13:1-10; Mateo 17:24-27 y 22:17-21?.....	<input type="checkbox"/>	<input type="checkbox"/>

Yes No  
Si No

32. Are you endeavoring to measure up to the scriptural qualifications as given in I Timothy 3:1-7?  
*¿Se está esforzando para alcanzar las calificaciones Bíblicas dadas en I Timoteo 3.-1- 7? .....*
33. Do you have a television set in your home?  
*¿Posee televisión en su hogar? .....*
34. Do you use all media in accordance with Article 7, Section VII, paragraph 29 of the General Constitution of the UPCI?  
*¿Utilizas la tecnología de media conforme al artículo 7, Sección VII, párrafo 29 de la Constitución General de la IPUI? .....*
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)?  
*¿Crees y enseñas la doctrina de la carne divina o celestial de Jesucristo, (definido como que la carne de Jesucristo no tenía ninguna relación biológica o genética a otros seres humanos)?.....*
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?  
*¿Crees y enseñas la doctrina de preterismo—que la venida del Señor se cumplió en el primer siglo y que la mayoría si no todas de las profecías relevante a la venida del Señor dirigieron juicio sobre los judíos, culminando en la destrucción de Jerusalén en D.C. 70?.....*

**FINANCIAL AND LEGAL STATUS      ESTADO LEGAL Y FINANCIERO**

37. Have you ever taken bankruptcy? If yes, please explain.  
*¿Se ha declarado alguna vez en bancarrota? Si su respuesta es si, por favor explique: Adjunte página (s) adicional (es). .....*
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.)  
*¿Ha sido acusado en alguna ocasión o se ha declarado culpable del abuso de niños o de algún otro crimen que se relacione con el intento o el acto de abusar sexualmente a un menor de edad? Si su respuesta es si, por favor explique: (Adjunte página (s) adicional (es), si es necesario) .....*
- 
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.)  
*¿Ha sido acusado en alguna ocasión o se ha declarado culpable de un crimen, que no sea violaciones de tráfico? Si su respuesta es si, por favor explique: (Adjunte página (s) adicional(es), si es necesario) .....*
- 
40. Would you consent to an investigation of your financial stewardship if deemed necessary by the district board?  
*¿Aceptaría una investigación de su estado financiero, si así lo decide la oficina Distrital? .....*
41. Are you living within your monthly income?  
*¿Está viviendo actualmente dentro de los límites de su ingreso mensual? .....*
42. Are you current with your monthly obligations?  
*¿Está al corriente con sus obligaciones mensuales? .....*
43. Are you willing and do you agree to cooperate with the district financial plan?  
*¿Está dispuesto y listo para cooperar con el plan financiero de su Distrito? .....*

<b>COMMITMENT</b>		<b>COMPROMISOS</b>	
		Yes	No
		Si	No
44.	Will you abide by the teaching of the organization and be under its jurisdiction? <i>¿Se compromete en guardar las enseñanzas de la organización y permanecer bajo su jurisdicción?.....</i>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Have you read the Articles of Faith and do you agree with them? <i>¿Ha leído los Artículos de Fe? ¿Está de acuerdo con ellos? .....</i>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Have you read the ministerial obligations and rules and do you agree with them? <i>¿Ha leído las obligaciones y reglas ministeriales? ¿Está de acuerdo con ellas?.....</i>	<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? <i>¿Está dispuesto a reconocer a nuestros pastores y ministros en el campo de labor, mostrando el debido respeto ministerial y evitando romper la unidad del Espíritu en la Asamblea? .....</i>	<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? <i>¿Está dispuesto a refrenarse de hablar mal, criticar, y decir palabras contenciosas respecto a alguien de la asamblea; a trabajar en paz y armonía con todos los ministros y misioneros y a cooperar con todos los esfuerzos de la Organización? .....</i>	<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? <i>¿Aunque tenga el privilegio de poseer convicciones personales, ¿está dispuesto a no contender sus puntos de vista que podrían traer división al cuerpo de Cristo?.....</i>	<input type="checkbox"/>	<input type="checkbox"/>

Use this space for further explanation of any question on preceding pages.  
*Utilice este espacio para la explicación adicional de cualquier pregunta en páginas anteriores.*

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**CONFIDENTIALITY STATEMENT**  
**DECLARACION CONFIDENCIAL**

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.

*La confidencialidad de las declaraciones hechas por ministros o aspirantes al ministerio será reservada en absoluta confidencia por los superintendentes de distritos y sus respectivas mesas directivas. Violaciones de esta confidencia, podría resultar en acciones disciplinarias o demandas civiles. Así mismo, es de igual importancia que los directores de distrito comuniquen la información necesaria acerca de ministros a los oficiales de distritos y los oficiales de iglesias locales que tengan la necesidad de conocer tal información. Ejemplo: ministros transfiriéndose de un distrito a otro, o información acerca de un candidato al pastoreado de cierta iglesia. Fallas en proporcionar información podría resultar en responsabilidad legal. Si un aspirante al ministerio no es aceptado para cierta licencia, la junta directiva del distrito podría, a petición del aspirante, otorgarle la naturaleza de la información que se ha obtenido acerca de él, pero no la fuente de tal información.*



**LIMITED DISCLOSURE AGREEMENT  
ACUERDO DE OBTENCION DE DATOS**

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.

*Yo, \_\_\_\_\_, considerando recibir mis credenciales ministeriales con la Iglesia Pentecostal Unida Internacional (United Pentecostal Church International), autorizo al superintendente del distrito o a la persona asignada por él, revelar a cualquier oficial general, oficial de distrito, u oficiales de iglesias locales, información acerca de mi conducta o de mi cooperación dentro de la organización. La información puede ser revelada a discreción del superintendente del distrito o en respuesta a una investigación.*

*Además por este medio, libero a los oficiales ya mencionados, de cualquier responsabilidad o daños de cualquier clase o naturaleza que pudieran resultar sobre mi persona, a consecuencia de haber otorgado información autorizada por este acuerdo.*

*Además explícitamente estoy de acuerdo en que esta información sea tan extensa e inclusive como es permitido por la ley, y que si alguna porción es encontrada invalida, estoy de acuerdo en que el resultado continuará vigente en su totalidad legal. Este permiso contiene un entero acuerdo entre las dos partes aquí representadas, y los términos de este permiso son contractuales y no un mero recital.*

*Además me comprometo a que este Acuerdo de Obtención de Datos, se mantendrá legal y en efecto, mientras yo sea miembro de la Iglesia Pentecostal Unida Internacional.*

*Así también afirmo que cuidadosamente he leído esta publicación y que conozco el contenido aquí expresado y firmo este acuerdo bajo mi libre voluntad. Este es un acuerdo legalmente ligado el cual he leído y entendido.*

\_\_\_\_\_  
Date  
*Fecha*

\_\_\_\_\_  
Signature of Applicant  
*Firma del solicitante*

**STATEMENT  
DECLARACION**

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.

La información contenida en esta solicitud es correcta dentro de lo mejor de mi conocimiento. Entiendo y estoy de acuerdo en que la junta del distrito conduzca una investigación relacionada con las preguntas expuestas en esta solicitud, que determinará mi carácter y mi aptitud hacia el ministerio.

Entiendo también que cualquier información provista a la junta del distrito, permanecerá confidencial, y cedo todo derecho que yo pueda tener de examinar tal información. Además, si el distrito considera necesario, yo autorizo que se haga también una verificación tanto criminal como financiera de mi persona.

En consideración de mi conocimiento y evaluación de mis antecedentes, de la manera en que está descrita en esta declaración.

Signature of Applicant  
La firma de Solicitante \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

Signature of pastor or other ordained minister affiliated with the United Pentecostal Church International.  
Firma del pastor o ministro ordenado afiliado con la Iglesia Pentecostal Unida Internacional.

\_\_\_\_\_ Date (Fecha) \_\_\_\_\_

**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.

Also note that your record of past cooperation with district policies and also with its financial plan is subject to review at the time that you meet the district board.

*ANOTE: Se exigen a los nuevos solicitantes que sometan lo siguiente con su aplicación: dos fotografías, unto para los archivos distritales y uno para los archivos nacionales, un cuarto del membresía anual, \$25.00 para la cuota de la aplicación, y la forma de seguro. La cuota de membresía titula al ministro a una licencia, tarjeta de confraternidad, el Manual, Directorio Ministerial de la Iglesia, suscripciones a el Heraldo Pentecostal y The Forward, y una póliza de seguro de vida de \$10,000 con la indemnización doble y provisiones del desmembración. (No es necesario que los solicitantes de promoción sometan un-cuarto de su cuota anual. Sólo se requiere la cuota de la aplicación, dos fotografías y la forma de seguro.)*

Quando esta aplicación está completa y todas las firmas obtenidas, consiga su giro postal o cheque pagable a la IGLESIA PENTECOSTAL UNIDA INTERNACIONAL y mande por correo con la aplicación, fotografías y la forma de seguro a su superintendente distrital, o al oficial designado en su distrito, para el endoso de la junta distrital.

I prefer to receive the Manual and other materials in Spanish, as available.

Prefiero recibir mi Manual y otros materiales en el español, como sean disponibles.

DISTRICT BOARD		JUNTA DISTRITAL	
Place of Meeting <i>Lugar de Reunión</i> _____	Date <i>Fecha</i> _____		
Number of Board members present <i>Número de miembros presentes</i> _____	Votes accepting <i>Los votos que aceptan</i> _____	Votes against <i>Los votos contra</i> _____	
District Superintendent <i>Superintendente del Distrito</i> _____			
<i>or</i>			
District Secretary <i>Secretario del Distrito</i> _____			