



## PASTOR QUESTIONNAIRE

**Please type responses:**

1.	First Name:	Last Name:	Date:
2.	Mailing Address:		
	<i>Street Address</i>	<i>City</i>	<i>Zip</i>
3.	Home Telephone:	Cell Phone:	
4.	Personal Email:	Other Email:	
5.	Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>
		Widow/Widower <input type="checkbox"/>	
6.	Date of Birth:	7. Are you a Citizen of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you saved from sin? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what year were you saved?	
8.	Do you believe in and have you received the <i>Baptism of the Holy Ghost</i> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	What year did you begin your ministerial calling?		
10.	List all credentials/licenses held with church groups, denominations or organizations.		
11.	List two ministerial references with telephone numbers.		
	<i>Name:</i>	<i>Phone Number:</i>	
	<i>Name:</i>	<i>Phone Number:</i>	
12.	What is your belief concerning homosexual life style?	Acceptable to God? <input type="checkbox"/>	Not Acceptable <input type="checkbox"/>
13.	Do you use any of the following: <input type="checkbox"/> Tobacco in any form <input type="checkbox"/> Alcoholic beverages <input type="checkbox"/> Illegal Drugs		
14.	Have you ever been charged with or convicted of child abuse, molestation, rape or any other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain on a separate page.</i>		



## CHURCH QUESTIONNAIRE

1.	Church Name:			
2.	Mailing Address:			
		<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
3.	Physical Address:			
		<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
4.	Church Email Address:	Website:		
5.	Is the church/organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN Number:		
6.	Does your church/organization have a statement of faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	Approximate number of attendees in your local church?			
8.	When did your church start?			
		<i>Month</i>	<i>Year</i>	
9.	Has your church ever been denied Tax Exemption status by the Federal IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Does your church have any civil or criminal law suits pending? <i>(If yes, give explanation on separate page)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.	Has any member your staff ever been charged with or convicted of <b>Any</b> criminal activity including child abuse, or as a sexual offender/predator? <i>(If yes, give explanation on separate page)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Does your church have a written Child Abuse / Sexual Misconduct Prevention Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Does your Church/Organization ordain ministers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are there qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Check boxes to acknowledge these requirements*



**DOCTRINAL POSITIONS**

Check each of the standards and beliefs in which you and your church agrees:	YES	NO
1. We believe that without the shed <i>Blood of Christ</i> , there is no remission of sin.	<input type="checkbox"/>	<input type="checkbox"/>
2. We believe in <i>Water Baptism</i> .	<input type="checkbox"/>	<input type="checkbox"/>
3. We believe in the <i>Speaking of Tongues</i> as the Spirit gives utterance.	<input type="checkbox"/>	<input type="checkbox"/>
4. We believe the <i>Gifts of the Spirit</i> still function today as with the first church.	<input type="checkbox"/>	<input type="checkbox"/>
5. We believe in <i>Holy Communion</i> .	<input type="checkbox"/>	<input type="checkbox"/>
6. We believe in <i>Divine/Miracle Healing</i> – both spiritual and physical.	<input type="checkbox"/>	<input type="checkbox"/>
7. We believe in the <i>Five Fold Ministry</i> as recorded in Ephesians 4:11.	<input type="checkbox"/>	<input type="checkbox"/>
8. We believe that the <i>Marriage Unit</i> is one man and one woman.	<input type="checkbox"/>	<input type="checkbox"/>
9. We believe in the <i>Infallibility and Authority of the Bible</i> .	<input type="checkbox"/>	<input type="checkbox"/>
10. We believe in the <i>Trinity of the Father, Son and Holy Ghost</i> .	<input type="checkbox"/>	<input type="checkbox"/>
11. We believe in the <i>Deity of Jesus Christ</i> .	<input type="checkbox"/>	<input type="checkbox"/>
12. We believe in the <i>Sinless Life of Jesus Christ</i> .	<input type="checkbox"/>	<input type="checkbox"/>
13. We believe the <i>Miracles of Jesus Christ</i> should be literally believed.	<input type="checkbox"/>	<input type="checkbox"/>
14. We believe in the <i>Resurrection and Ascension</i> of Jesus Christ.	<input type="checkbox"/>	<input type="checkbox"/>
15. We believe without the <i>Shed of the Blood of Christ</i> , there is no remission of sin.	<input type="checkbox"/>	<input type="checkbox"/>

***This application for Church Affiliation has been completed honestly and to the best of my ability and knowledge***

Date: / /		
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*Print Name of Person Completing the Form:*

*Signature of Person Completing the Form:*

Date: / /		
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*Print Name of Pastor Applying for Affiliation*

*Signature of Pastor Applying for Affiliation*

**After your completion and signature of this application,  
please email it to: [affiliation@cogbf.org](mailto:affiliation@cogbf.org) or fax to: 904-779-5399**