

Screening Application for Elected Office (Elder Applicant)

Date of Application: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone: Home: (_____) _____ - _____ **Office:** (_____) _____ - _____

Cell: (_____) _____ - _____ **FAX: Office:** (_____) _____ - _____

Email Address: _____ **DOB:** _____ - _____ - _____

Position for which you are seeking to be elected: _____

All applicants must have a letter of recommendation from the proper authority under which they serve. (Bishops must have a letter from 2 members of the Board of Bishops; Pastors must have a letter from their Jurisdictional Bishop; Supervisor must have a letter from General Supervisor of the Department of Women and their Jurisdictional Bishop and Ministers, Missionaries and Layperson must have a letter from their Pastor.)

1. **Are you a current Credential Holder?** Yes No

2. **How long have you been a member of the Church Of God In Christ?**

3. **Have you ever appeared before the Nominating and/or Screening Committee?**
Yes No (If yes, explain/ include date of last appearance.)

4. **Do you currently hold or have you ever held an elected office in the Church Of God In Christ, Inc.** Yes No
If yes, what office, how long and were you reelected? _____

5. **If you are an incumbent, are you running for the same position?**
 Yes No If no, why are you seeking another position?

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**6. List 3 Business, Professional or Church references (cannot be a relative):
(Names, addresses and phone numbers)**

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

7. Marital Status:

Single Married Separated Divorced Widow(er)

If you have been married more than once, please explain:

Number of children: _____

8. Educational Achievement:

High School Diploma: Yes No Last grade completed? _____

Vocational/ Trade School: Years attended: _____

Certificate of Completion: Yes No

Vocational/Trade School

Degree Earned

Specialization

College/ University

Degree Earned

Major

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9. **Please list areas of ministry skill/specialty: (leadership, administration, program, outreach, etc.)**

Have you had specific training in the areas listed above? Yes No
If yes, please explain.

10. **Health:**

Do you, or have you experienced any physical, psychological, or emotional conditions which requires treatment? Yes No

If yes, has this condition impaired your ability to function, or make sound executive and judicious decisions? Yes No

If no, please explain. _____

11. **Legal:**

Has any disciplinary action (i.e. removal from an office or position, suspension, termination, etc) ever been taken against you in the church, whether local, jurisdictional, national or other denomination? If yes, explain.

Have you been arrested or convicted of a felony? If yes, please explain.

Is there anything in your past that could possibly bring reproach against the Church Of God In Christ? If yes, please explain.

12. **Military:**

Did you serve in the United States Military? Yes No

Did you receive an honorable discharge? Yes No

If no, please explain: _____

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13. Please list office(s) or appointed position(s) you hold/ held in the National Church:

<u>Office</u>	<u>Date Appointed/ Elected</u>
_____	_____
_____	_____
_____	_____

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For Elders Only:

Name of Church of which you are a member? _____

Pastor: _____

Jurisdiction and Jurisdictional Bishop: _____

Jurisdiction: _____

How long have you been a member of the Church Of God In Christ? _____

How long have you served with the pastor of your current church? _____

How many churches have you been a member pastor? _____

List the positions/ appointments you hold in your local church, jurisdiction or the National Church:

Office

Date Appointed/ Elected

<u>Office</u>	<u>Date Appointed/ Elected</u>
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been a member of another jurisdiction? Yes No

If yes, please explain: _____

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**GENERAL ASSEMBLY
CHURCH OF GOD IN CHRIST, INC.
APPLICATION FOR ELECTED OFFICE
IN THE CHURCH OF GOD IN CHRIST, INC.**

SIGNATURE PAGE

I hereby certify that the above information is true to the best of my knowledge. I understand that incomplete or false information may render me ineligible for consideration for the position for which I am being screened. _____(initials)

I affirm that Article 3, Section D, Paragraph 9 is included on the Articles of Incorporation of the church(es) that I pastor. _____(initials)

I acknowledge that a background and criminal background check will be made of all applicants for the election to an elected office and by being an applicant for an elected position in the Church Of God In Christ, I agree and give permission for both the background and criminal background checks to be conducted on me and that I will be assessed a fee for the background check and a criminal background check. ____(initials)

If an incumbent, I acknowledge/affirm that during my present term in office, I am not guilty of any of the offences listed in the Church Of God In Manual, the Church Of God In Christ Sexual Misconduct Policies or any offence that would bring reproach against the Church Of God In Christ, Inc. _____ (initials)

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Applicant Signature

Date

For Internal Purposes Only:

Received by: _____ **Date:** _____