

**Church of God
Ministerial Development Application**

Calling And Ministry Studies for Students Application One

**(Complete to apply for
CAMS for Students aged 16-22)**

NAME OF APPLICANT:
<hr/>
STATE/REGION:
<hr/>

**CHURCH OF GOD INTERNATIONAL OFFICES
Cleveland, Tennessee, U.S.A.**



CALLING AND MINISTRY STUDIES FOR STUDENTS

Calling and Ministry Studies for Students is designed to assist high school and College aged students to identify, affirm, and define their calling. The program consists of four monthly seminars with four phases: Explore, Equip, Engage, and Empower. This study will engage the younger generation, not only to identify the call of God, but also to start preparation in developing a healthy self-awareness while building a strong foundation for successful vocational and credentialed ministry in the Church of God.

To get started, complete this application with the help of your pastor and return it to your Church of God state/regional office.



Church of God

CAMS FOR STUDENTS APPLICATION

(Must be a student aged 16-22)

Instructions: To participate in CAMSFS, the applicant should complete this Application. Applicant's aged 17 and under must have a parent or guardian complete Part II. Then application should be presented to the applicant's pastor with two letters of recommendation. The pastor should complete Part III, sign the application in the appropriate locations (page 9), and forward the form to the state/regional office of the administrative bishop.

PART I: APPLICANT INFORMATION

GENERAL INFORMATION

Applicant's First Name _____ Middle Name _____ Last Name _____

Social Security No. _____ Nationality _____

Please indicate ethnicity:

<input type="checkbox"/> African	<input type="checkbox"/> Haitian
<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian, Eskimo or Aleut	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____
<input type="checkbox"/> East Indian or West Indian	

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Male Female

Place of Birth _____ Date of Birth _____ U.S.A. Citizen? Yes No

Instagram, Facebook, and Twitter Handles: _____

SPIRITUAL EXPERIENCE

1. When did you accept Christ? _____
2. Tell us your salvation experience (200 words on additional paper).
3. Have you received the baptism with the Holy Spirit? Yes No If no, are you actively pursuing the baptism of the Holy Spirit? Yes No
4. Have you been baptized in water? Yes No

CALL TO MINISTRY

The purpose of Calling and Ministry Studies for Students is to help you identify, confirm, and define your calling. You may want to wait until you complete CAMS for Students to share your specific calling. However, if you have already discovered your desire and calling to ministry, please answer the following questions:

1. When did you became aware of your call to ministry _____
2. Please give a brief description of your calling into ministry (use additional paper if necessary):

MINISTRY-RELATED QUESTIONS

1. Are you a member of the Church of God? Yes No If yes, where? _____
When did you join the Church of God ____ / ____ / ____
2. Are you consistent in church attendance? Yes No
3. Are you consistent in tithing to the church? Yes No No Income
4. Are you consistent in giving offerings? Yes No No Income
5. Please describe your history of ministry involvement. _____

6. Among the following activities, check the ones in which you have been involved:

<input type="checkbox"/> Bible teaching	<input type="checkbox"/> Music ministry	<input type="checkbox"/> Missions
<input type="checkbox"/> Children's ministry	<input type="checkbox"/> Outreach ministry	<input type="checkbox"/> Youth ministry
<input type="checkbox"/> Discipleship	<input type="checkbox"/> Prayer ministry	<input type="checkbox"/> Other ministry _____
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Preaching ministry	

Please describe any other ministerial involvement: _____

Indicate the most significant ministerial experiences you have had in the past six months:

<input type="checkbox"/> Teaching a class	<input type="checkbox"/> Witnessing to someone	<input type="checkbox"/> Leading someone to Christ
<input type="checkbox"/> Leading in Prayer	<input type="checkbox"/> Visitation	<input type="checkbox"/> Preaching a sermon

Other experience(s): _____

State briefly why you wish to participate in CAMS for Students: _____

7. Indicate areas of ministry gifts in which you have discovered and feel most effective:

Helps Preaching Teaching Praying

Other(s): _____

8. Do you read the Bible regularly? Yes No

Are you presently engaged in a systematic program of Bible study? Yes No

If yes, please describe: _____

(Reading the entire Bible will be required before becoming a credentialed minister in the Church of God.)

10. As a part of this application process, obtain two (2) letters of recommendation (one from your most recent pastor **AND** one from either an employer, teacher, coach, **OR** an individual outside your family).
11. Please list one pastoral reference (Full name, phone number, email, and Church) _____

LIFE HISTORY QUESTIONS

CAMS for Students is for applicants that have never been married and who are 16-22 years old. The original CAMS program is for individuals aged 23 and up who are single or married. To continue this application, your answer to question #1 should be “No”.

1. Are you currently or have you been previously married: _____ Yes _____ No
(If yes, please contact your Administrative Bishop's Office for further instructions and to complete an application for original Calling and Ministry Studies.)
2. If no, continue to complete Section 1 of this application.

Educational Background: (List location and degree received)

Currently in Middle School. Grade _____

Currently in High School. Grade _____

GED Diploma _____

High School Diploma _____

Hispanic Bible Institute Certificate _____

Other Institute, college, and/or university certificates or degrees:
Institute certificate/degree _____
Technical School Certificate/degree _____
Undergraduate Degree _____
I have not yet received a college degree, but I have completed _____ hours of college work.

Employment: Current or most recent employer. Give an accurate and complete full-time and part-time employment record.

Current or most recent employer:

Company Name _____ Telephone _____
Address _____
Supervisor _____ Dates Employed _____
Job Title(s) _____

I am no longer employed.

Military/National Guard: Have you ever served in the military, National Guard, or the reserves? No Yes If yes, are you currently serving or did you receive an honorable discharge? _____

PERSONAL COMMITMENT TO THE CHURCH OF GOD

I hereby agree that the information I have included in this application—Section 1 is true to the best of my knowledge. If I have overlooked any questions, or failed to complete any part of the application, I understand the review process of my application may be delayed. (All records will be held in the strictest confidence as with all other materials submitted to the Church God State/Regional Office and Division of Education.)

Because the CAMS for Students program exists to teach, train, and send Holy Spirit empowered Christians into all the world, we expect students to have a foundation of Christian behavior established in their lives and affirmed by the local church leadership prior to their initial enrollment. Students are required to uphold the doctrine, teachings, faith, and standard of the Church of God.

Therefore, I affirm my personal belief in the doctrine contained in the Declaration of Faith and elsewhere in the current Church of God Book of Discipline, Church Order, and Governance of the *Minutes*. I hereby pledge allegiance to this standard and have dedicated my life to Jesus Christ.

Applicant's Signature _____ Date _____

PART II: PARENT/GUARDIAN CONSENT

(Only for applicants aged 17 and under and must be notarized)

GENERAL INFORMATION

Parent/Guardian Full Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

U.S.A. Citizen? Yes No Male Female

Are you: Single, never married Married Single, divorced Widow/Widower

Relationship to the Applicant: _____

PARENT/GUARDIAN QUESTIONS

1. Do you support and approve the applicant's decision to participate in the Calling and Ministry Studies for Students in the Church of God? Yes No
2. Are you a Church of God member? Yes No
If yes, what church holds your membership? _____
If not, are you affiliated with another denomination or group? Yes No
If so, what denomination/group? _____
3. Share your thoughts about the applicant's ministerial gifts and talents. _____

CONSENT NOTICE

I, _____, affirm that I am the legal guardian of _____
(Print Name) (Print Applicant Name)

and, as such, have the right to grant permission for participation in the Church of God Calling and Ministry Studies for Students program to be implemented under the Church of God State Office and the local pastor's guidance. I have also read and signed the "Personal Consent and Permission Form for Background Check" which indicates permission is given.

Parent/Guardian Signature

Date

Address: _____

Phone: _____ Email: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____,

_____ personally appeared before me and proved to
(Print Name of Parent/Guardian)

me on the basis of satisfactory evidence to be the person whose name is subscribed to in the
above notice thereby executing this document.

Signature of Notary Public

Date

My commission expires: _____

Notary Seal

PART III: PASTOR'S RECOMMENDATION

This portion of the application must be completed by the applicant's local pastor.

LOCAL CHURCH AND MINISTRY ACTIVITY

(It may be necessary for you to interview the applicant and his/her family prior to completing this recommendation.)

1. Do you feel that you know the applicant well enough to evaluate his/her eligibility to participate in the Calling and Ministry Studies for Students? Yes No

2. Do you know of any reason why the applicant is not qualified to participate? Yes No
If yes, please explain: _____

3. Are you aware of any marital history of the applicant? Yes No

[If applicant is married or previously married, he/she should apply for the traditional CAMS program.]

4. In what ministerial activity within the local church has the applicant been involved? _____

5. Has the applicant been baptized in the Holy Spirit with the evidence of speaking in other tongues? Yes No

6. Please describe the applicant's participation in the local church ministries:

Faithful Unenthusiastic Effective Participates, but ineffective

7. List any area(s) of the ministry or personal conduct where you believe that the applicant's performance is unsatisfactory: _____

8. List any area(s) where the applicant excels in ministerial knowledge and skills: _____

9. List any area(s) of ministry knowledge and skills where the applicant needs the most improvement? _____

10. Please describe how often the applicant is involved in church activities:

Frequent Infrequent Strong initiative in seeking opportunities Lacks initiative in seeking opportunities

11. How long have you known the applicant? _____ In what relationship? _____

12. How long has the applicant been a member of your local church? _____

13. Is the applicant faithful in tithing? Yes No In offerings? Yes No In attendance? Yes No

14. Do you believe the applicant is called to a ministry that may potentially lead to credentials? Yes No
Please explain: _____

15. Describe the applicant's current involvement in church activities: _____

16. List any personal strengths you see in the applicant: _____

17. List any personal weaknesses you see in the applicant: _____

PERSONAL RELATIONSHIPS

18. Does the applicant have a history of good interpersonal relationships in the local church ministry? Yes No
If no, please explain: _____

19. Does the applicant have a good record of personal and financial integrity in the church and community?

Yes No Not sure If no or not sure, please explain: _____

20. Does the applicant have the trust and respect of fellow Christians? Yes No

If no, please explain: _____

21. Does the applicant demonstrate the following:

accountability Yes No

positive attitude Yes No

commitment Yes No

sincere love for people Yes No

emotional stability Yes No

spiritual maturity Yes No

If no to any of the above, please explain: _____

22. Do you feel confident that the applicant is ready and able to participate in this program? Yes No Not sure

If no or not sure, please explain: _____

Recommendation of Pastor – CAMSFS Application

I recommend the applicant for the CAMS for Students Program.

Yes Yes, with reservations No

If yes with reservations, please write an explanation. _____

Signature of Pastor _____

Name of Local Church _____

Date _____

Recommendation of Administrative Bishop – CAMSFS Application

I recommend the applicant for the CAMS for Students Program.

Yes Yes, with reservations No

If yes with reservations, please write an explanation. _____

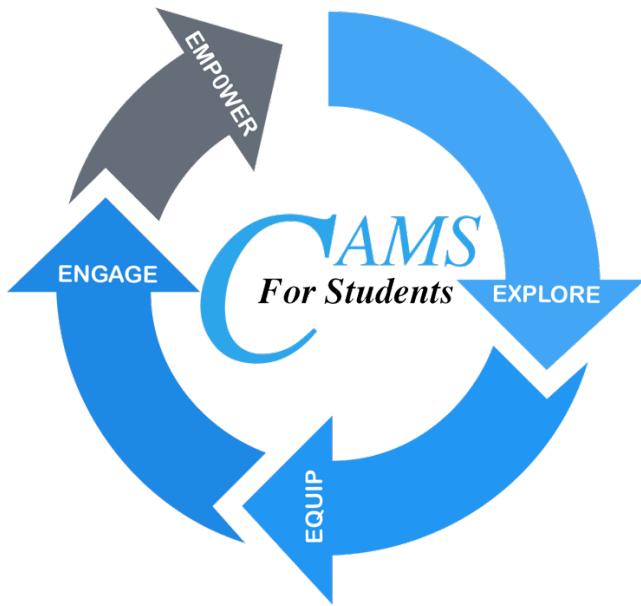
Signature: _____ Date: _____

Special Instructions

- 1. Once you have completed this application, please give it to your pastor and wait for approval to participate in Calling and Ministry Studies for Students.**
- 2. Once you have completed CAMS for Students and desire to pursue ministerial credentialing, please ask your state coordinator for CAMSFS Licensure Application.**
- 3. If you desire to pursue ministerial credentialing, your pastor should assist you in completing CAMSFS Licensure Application and submit it to the Office of the state/regional Administrative Bishop for approval to complete the Exhorter study, examination and credentialing process.**

STEPS IN THE MINISTERIAL CREDENTIALING PROCESS

- 1. Submit the Calling and Ministry Studies for Students Licensure Application.**
- 2. Attach a copy of your CAMS for Students certification.**
- 3. Remain active in CAMS for Students local church internship until credentialing.**
- 4. Order Exhorter Licensure Study Guide once approved by local church and state office.**
- 5. Receive approval for date to complete the Exhorter exam.**
- 6. Pass the Exhorter Exam provided by the State/Regional Office.**
- 7. Ask State/Regional Coordinator about future participation in the Ministerial Internship Program**



**Church of God
Ministerial Licensure Application**

**Calling And Ministry Studies for Students
New Minister and Licensure Application Two**
**(For Students who have
completed CAMS for Students)**

NAME OF APPLICANT:
<hr/>
STATE/REGION:
<hr/>

**CHURCH OF GOD INTERNATIONAL OFFICES
Cleveland, Tennessee, U.S.A.**

Church of God

Calling and Ministry Studies for Students

Calling and Ministry Studies for Students is a ministry formation process to assist you in the ability to discover and fulfill your divine call and place in ministry. **After completing CAMS for Students, an individual who feels a vocational call to ministry and desires to become a credentialed minister in the Church of God, should complete this application and must submit to a background check.**

Upon recommendation of the state/regional Ministerial Development Board and state/regional Administrative Bishop, the applicant will be ready to purchase an Exhorter Study Guide and will be eligible to take the Exhorter exam.

The credentialing journey occurs through personal discovery, education, training, and becoming a minister in the Church of God. It is time to start your journey into the ministry, even while you're still a student. Don't wait—start answering your call right now!



(To order the Exhorter Study Guide, go to:
cogdoe.org and click "Store")

Calling And Ministry Studies for Students

New Minister and Licensure Application

(Exhorter, Minister of Music, or Minister of Christian Education)

Please indicate which credential: Exhorter Minister of Music Minister of Christian Education

Instructions: *The applicant, after completing CAMS for Students, should complete this new minister and licensure application – Part I. The licensure application should be presented to the applicant's pastor for final approval. The pastor should complete Part II and sign the application in the appropriate location and forward the form to the District Overseer. Once the District Overseer signs the licensure application (page 6), he will forward it to the state/regional office of the administrative bishop.*

PART I: PERSONAL AND MINISTERIAL INFORMATION

1. Have you received your certification for completing Calling and Ministry Studies for Students? Yes No
2. Since you completed the CAMSFS application, has any information changed? Yes No If yes, please update the information.
3. What have you discovered about your calling since you completed CAMS for Students: _____

4. What ministry activities are you involved in currently? _____

5. Have you read the entire Bible? Yes No If no, are you presently engaged in reading the entire Bible through? Yes No
6. Have you received the baptism with the Holy Spirit with the evidence of speaking in tongues? Yes No

NATIONAL CRIMINAL BACKGROUND CHECK QUESTIONS

(If approved by the administrative bishop to continue with the credentialing process, these questions will be asked again by the Oxford Document Management Company.)

Please check either "yes" or "no" for each question. If the answer to any of the following questions is "yes," please indicate the question number, provide relevant information regarding your response, and indicate resolution of the issues, if any. Use additional paper if necessary.

1. Have you ever been charged¹ with any ethics violation, or are any such actions pending against you? No Yes
2. Have you ever been subjected to ecclesiastical disciplinary proceedings? No Yes
3. Have you ever been asked to resign or been terminated by a training program or employer? No Yes

¹ Throughout this document, "charged" indicates allegations made in writing and known to you.

4. Have you ever had a civil suit brought against you relative to your professional work, or is any such suit pending? No Yes
 Have you ever had a professional malpractice insurance suspended or revoked for any reason? No Yes

5. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational/training institution? No Yes
 Have there been written complaints against you that did not result in discipline? No Yes
 Are there any complaints pending against you before any of the above-named bodies? No Yes

6. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals you were seeing in a professional context (e.g., a parishioner, a patient, an employee, a subordinate, a student)? No Yes

7. Since the age of 18, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals under the age of 18 years of age? No Yes

8. Have you ever been charged with the production, sale, or distribution of pornographic materials? No Yes

9. Have you ever been charged or adjudicated with sexual misconduct, including the following:

- Abuse of power or role for sexual purpose? No Yes
- Sexual contact with a minor or an adult incompetent to give consent? No Yes
- Sexual assault (e.g. rape)? No Yes
- Solicitation for sexual purpose (e.g. prostitution)? No Yes
- An offense related to pornography or public indecency (e.g. indecent exposure)? No Yes

10. Have you ever been charged with an offense related to sexual harassment, including the following:

- Unwelcome sexual advances? No Yes
- Request for sexual favors? No Yes
- Sexually motivated physical contact? No Yes
- Verbal or physical domination of a sexual nature? No Yes

11. Do you have a history of alcohol abuse? No Yes

12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over the counter, or illicit? No Yes

13. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? No Yes

14. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity? No Yes

15. Have you ever been charged with traffic violations? No Yes

16. Has your driver's license ever been revoked or suspended? No Yes

17. Have you ever had a restraining order, injunction, order for protection, or the like issued against you because of allegations of domestic violence, abuse, or so forth? No Yes

18. Is there anything regarding your personal and private life, such as immorality, pornography problems, or other problems, which you knowingly should divulge to those examining you for ministry? No Yes

¹ Throughout this document, "charged" indicates allegations made in writing and known to you.

PERSONAL CONSENT AND PERMISSION FORM FOR BACKGROUND CHECK

Your response to the above questions in this application will be helpful to your pastor in completing Part III of this form. It will also assist the administrative bishop and State Ministerial Examining Board to better evaluate you and your current desire to pursue ministry training. By signing below, you are granting permission for this application to be released by the administrative bishop to those he deems necessary in processing your enrollment in CAMS for Students.

"I certify to the best of my knowledge and ability, the information provided in this CAMS for Students Application-Part 1 Form is true, correct, and complete. I authorize investigation of all statements contained in this application, including the conducting of a national criminal background check. I further authorize all references, supervisors, and organizations listed in this application to give the Church of God any and all information concerning my current employment and any other pertinent information, personal or otherwise, that they may have concerning my character or fitness to participate in this program. I release any and all parties from any and all liability for any damage that may result from furnishing such information to the Church of God.

Applicant's Signature _____ Date _____

(Applicants under 18 years of age are required to have a Parent/Guardian Signature)

Parent/Guardian Signature _____ Date _____

PART II: PASTOR'S RECOMMENDATION

1. Would you need to change any information in your previous ministry and personal recommendation for this applicant? Yes No If yes, please explain: _____
2. Do you know of any reason why the applicant, after completing CAMSFS program, is not qualified to be credentialed in the Church of God? Yes No
If no, please explain: _____

Recommendation of Pastor – CAMSFS Licensure Application

I recommend the applicant for the exhorter credential.

Yes Yes, with reservations No

If yes with reservations, please write an explanation. _____

Signature: _____ Date: _____

Recommendation of District Overseer – CAMSFS Licensure Application

I recommend the applicant for the exhorter credential.

Yes Yes, with reservations No

If yes with reservations, please write an explanation. _____

Signature: _____ Date: _____

Recommendation of Administrative Bishop – CAMSFS Licensure Application

I recommend the applicant for the exhorter credential.

Yes Yes, with reservations No

If yes with reservations, please write an explanation. _____

Signature: _____ Date: _____

The recommendation of the State Ministerial Examining Board is made after the applicant completes Calling and Ministry Studies for Students.

[To be completed by the State Ministerial Examining Board]

**Recommendation of the State Ministerial Examining Board
CAMSFS Licensure Application**

After reviewing the application form and interviewing the applicant, does the State Ministerial Examining Board recommend the applicant for licensure? Yes No

Give reasons: _____

Signature of Board Members:

Date Interviewed: _____

Chairman: _____

Member: _____

Member: _____

FOR STATE OFFICE USE ONLY

To: Presiding Bishop _____
(Name)

This is to certify that _____
(Name)

Has been duly examined on the doctrine and government of the Church of God by the State Examining Board of _____ and is hereby recommended for the rank of exhorter.

Date of Examination _____ Grade _____

Administrative Bishop, please fill in all the above blanks.

(This application should be filed with the CAMSFS Program Application)

Signatures of the Administrative Bishop and the State Ministerial Examining Board

Administrative Bishop

Ordained Bishop

Ordained Bishop

Ordained Bishop

FOR INTERNATIONAL OFFICE USE ONLY

Credential File Number: _____

RANK OF MINISTRY: Exhorter Minister of Christian Education Minister of Music

STATUS: New Reinstated

Name _____

Male Female Date of Birth _____ Nationality _____

Approved By _____
(Presiding Bishop)

Date Approved _____

Credentials issued on: _____

Credentials delivered to: _____

Administrative Bishop of: _____ Date: _____

Remarks: _____