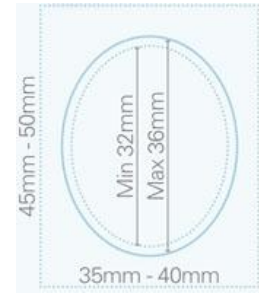




245 Angas Street, Adelaide, SA 5000



(affix a passport size photo)

Application for:-

SPECIAL MINISTRY -- CERTIFICATE WITH THE CCA

PLEASE READ THROUGH BEFORE COMPLETING

Application Forms must be completed in duplicate, in ink or typed, and forwarded to the Pastor of the church in which the Applicant has fellowship. To avoid delay, answer every question in full and supply two (2) passport size photos, one (1) passport size photo affixed to the form above.

1. Surname: _____ Christian Name/s: _____

2. Address: _____

Suburb: _____ State: _____ P/code: _____

Phone (Home): _____ Work: _____

Mobile: _____ Email: _____

3. Date of Birth: ____/____/____ Place of Birth: _____

Nationality: _____

4. What is the nature of your employment: _____

5. When were you saved: ____/____/____ Under what Denomination: _____

6. Have you been baptised by immersion in water according to Matthew 28:19?

Yes No

7. Have you received the Holy Spirit according to Acts 2:4?

Yes No

8. What are your reasons for applying for credentials with the CCA: _____

9. Which local CCA Church are you a member of:

10. Are you familiar with the constitution of the CCA: Yes No
11. Do you wholeheartedly endorse it (see 1 Corinthians 1:10): Yes No
12. Have you any views that may conflict with those of the CCA: Yes No
13. Have you had any experience ministering the Word of God: Yes No
(if so give brief description of a separate sheet)
14. Have you ever had the oversight of a Loach Church, Outreach or Mission:
Yes No
If so, Where: _____ When: _____ How Long: _____
15. Have you always worked in harmony with the CCA: Yes No
16. Are you prepared to co-operate with the General Council and submit to its
authority: Yes No
17. Are you willing to undertake further study to improve your ministry:
Yes No
18. Are you willing to meet your financial obligations to the general council:
Yes No
19. Are you prepared to meet the executive board for further discussion, if required:
Yes No

This application must be accompanied, by a reference from the Pastor of the Local Church you attend.

It is understood that the CHRISTIAN WORKER, LOCAL PREACHER, SPECIAL MINISTRY, MINISTER OF THE GOSPEL CERTIFICATE, if granted, will only be valid in the State of _____ and for the year of issue. A new certificate will be issued to all active Christian Workers, Local Preachers, Special Ministries and Ministers of the Gospel in good standing at the beginning of each year or as needed. All correspondence should be addressed to the Secretary of the Executive Board.

Signature of Applicant

Signature of local Pastor

FOR OFFICE USE ONLY

Date Considered: ____/____/____ Credential Granted/renewed: ____/____/____

Comments: _____

