

**Southern California District Council  
Assemblies of God**

17951 Cowan Irvine, CA. 92614  
949-252-8400

*Instructions: Please answer all questions completely. If sufficient room is not found on the space provided, please use a separate sheet of paper.*

**Personal Information**

**A. Applicant**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address (please print): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**B. Applicant's Spouse & Children Information (As applicable)**

Full Name of Spouse: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Date Married: \_\_\_\_\_

Children (Names/Ages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Ministerial Credentials**

Do you hold an A/G Credential? \_\_\_ Yes \_\_\_ No. If "yes," please indicate the level of credentials you hold

Ordained \_\_\_ Licensed \_\_\_ Certified Minister \_\_\_

In which District are you currently a member? \_\_\_\_\_

Have you ever held credentials with any other church organization? Yes \_\_\_ No \_\_\_

If yes please list the church organization and type of credential held. \_\_\_\_\_

\_\_\_\_\_

Are you aware that SoCal AG will not approve a new Church Plant unless the Lead Pastor has Assemblies of God credentials? Yes \_\_\_ No \_\_\_

**Education**

Institution	Address	Graduate?	Degree Received
High School			
College			
Trade, Business, or Correspondence School			

**Financial Information**

A. How do you plan to generate personal and ministry income?

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B. What would be your approximate personal indebtedness? \_\_\_\_\_

Explain (i.e. home, car, etc.):

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C. Do you have financial assistance committed to your Church Plant? Is so, explain:

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**Ministerial Questions** *(A separate answer page may be included if necessary. )*

A. What city/area/people group are you interested in reaching?

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B. What is attracting you to this particular area/group?

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D. Describe the economic situation of the typical member of your target group

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E. Do you have pervious church planting experience? \_\_\_\_ If so, explain:

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F. Have there been any extraordinary circumstances surrounding your leaving any church? Is so, explain.

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G. Have you had trouble with any congregation or church board? If so, briefly state the difficulty and its resolution.

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H. How would you describe the impact of your ministry in terms of people saved, discipled, filled with the Spirit, and healed?

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I. How does your spouse relate to the ministry?

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J. Name and give a brief statement regarding the last two people you led to Christ outside of a church setting/event/service.

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K. What ministry/event/activity(ies) have you previously started?

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L. If you were to be approved to plant a church in Southern California would you be able to recruit a team to move and help you?

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## References

Give as references the name and addresses of **three** ministers (preferably Assemblies of God) with one being the applicant's pastor and one being the Presbyterian of the section in which you reside, and three friends, one of whom is **NOT** a believer. **A.**

### Ministers

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

# SoCal AG Parent Affiliated Church Planting Application

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## B. Friends

Friend's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Friend's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Friend's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## Background Essay

Please include a short essay describing your personal background. Discuss where and how you grew up, relationships between you and your immediate family members, the role God and church played in your family and any other information vital to your upbringing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Disclaimer: Signing this application gives the Southern California District Council permission to release any of the above information to necessary parties, and gives the SoCal AG permission to contact the applicant's references.

## PARENT CHURCH INFORMATION

Parent Church Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Pastor \_\_\_\_\_

Support agreement, including finances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed (Parenting Pastor:) \_\_\_\_\_

## APPROVALS

SoCal AG Church Planting Director \_\_\_\_\_ Date \_\_\_\_\_

District Leadership Team \_\_\_\_\_ Date \_\_\_\_\_

### For District Use Only

Application Rec'd date \_\_\_\_\_ Incorporation Rec'd \_\_\_\_\_

Leadership Team approval \_\_\_\_\_ Filed \_\_\_\_\_

Official Notice: Pastor \_\_\_\_\_ Sent to G.C. \_\_\_\_\_

Presbyter \_\_\_\_\_ GC Acct # \_\_\_\_\_

Ex Presbyter \_\_\_\_\_ Insurance

GC Matching Funds app submitted \_\_\_\_\_ Info letter \_\_\_\_\_

SCDC Matching funds #1 req'd \_\_\_\_\_ Premium \$ \_\_\_\_\_

SCDC Matching funds #2 req'd \_\_\_\_\_ 1st Premium rec'd \_\_\_\_\_

## CHURCH INFORMATION

1. Name of Church Plant \_\_\_\_\_
2. Location Address of Church \_\_\_\_\_  

(Street)

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(City, State, Zip Code)
3. Mailing Address of Church \_\_\_\_\_  

(Street or P.O. Box #)

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(City, State, Zip Code)
4. Email Address of Church \_\_\_\_\_
5. Section \_\_\_\_\_ 6. County \_\_\_\_\_ 7. Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Environs: check ONE box indicating the community in which the church is located.  

<input type="checkbox"/> CN – open country side	If population is 50,000+ is it:
<input type="checkbox"/> VG – village (less than 1,000)	<input type="checkbox"/> DT – downtown (in the central business district)
<input type="checkbox"/> TW – town (1,000-4,999)	<input type="checkbox"/> NB – neighborhood (within city limits but not downtown)
<input type="checkbox"/> SC – small city (5,000-9,999)	<input type="checkbox"/> SU – suburban (in the same county as a central city of 50,000+ but not in the city limits)
<input type="checkbox"/> MC – medium city (10,000-49,000)	
9. Ethnicity: the majority (51% or more) of the congregation is (Anglo, Hispanic, Chinese, etc.): \_\_\_\_\_
10. Pastor \_\_\_\_\_ 11. A/G Account # \_\_\_\_\_
12. Pastor's type of credential:  Ordained  Licensed  Certified  Non-Council
13. Address of Pastor \_\_\_\_\_
14. Email Address of Pastor \_\_\_\_\_
15. Name of Church Board Secretary or Corporate Secretary \_\_\_\_\_
16. Total Church Membership \_\_\_\_\_ 17. Adherents \_\_\_\_\_ 18. Sunday AM or major Worship Service Attendance \_\_\_\_\_
19. This church was opened by our district on \_\_\_\_\_
20. This church was reopened by our district on \_\_\_\_\_
21. By whose initiative was this church started? \_\_\_\_\_
22. If this is an existing church, what was its status prior to this action:  Independent  
 Other (please specify denomination): \_\_\_\_\_
23.  If parented by a church, give name and address of Parent Church. A Parent Church is one that initiates, oversees, and takes financial responsibility for the new church plant. \_\_\_\_\_  
 \_\_\_\_\_
24.  If partnered by churches, list names and addresses of Partnering Churches on a separate sheet. A Partner Church partners with other churches to start a new church plant.
25.  Satellite Church Sponsoring Church Name: \_\_\_\_\_
26. Sponsoring Church Address: \_\_\_\_\_
27. Account # \_\_\_\_\_
28. Comments: \_\_\_\_\_  
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