



Credential Pre-Application Questionnaire

We are glad you are pursuing ministerial credentials with the Montana Ministry Network! Please take a few moments to complete the questionnaire below. Once complete, email the form to tschock@mtaog.com along with a copy of your completed transcripts. We look forward to working with you!

Full Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Email: _____ Cell: _____
Spouse's Name (if applicable): _____ Date of Birth: _____
Children and birthdates: (if applicable):

SPIRITUAL BACKGROUND

1. Have you had a born-again salvation experience? ___Yes ___ No
2. Have you been baptized in water by immersion? ___Yes ___ No
3. Have you been baptized in the Holy Spirit with the initial physical evidence of speaking in tongues?
___Yes ___No

MINISTRY BACKGROUND

4. Do you sense a divine call to ministry, and can you articulate it? ___Yes ___ No
5. Please tell us about your educational background:
___ High School Graduate
___ College/University? Fill in name of institution & degrees obtained: _____

___ Berean/Other Ministry Prep Courses: _____

___ Ministry/Life Experience _____

6. What church are you attending? _____
7. Are you currently on staff or in a ministry position? _____
8. Who is your current pastor and are they in support of your desire to gain credentials? _____

BELIEFS

9. What is your belief and practice regarding tithing? _____

10. As a ministry leader, what is your personal conviction regarding drinking alcohol? _____

11. What do you believe Scripture teaches about homosexual behavior? _____

12. In the last 24 months, have you intentionally viewed pornography? ___ Yes ___ No

13. Are you familiar with the 16 Fundamental Truths of the Assemblies of God? If so, do you fully agree with them? (<https://ag.org/Beliefs/Statement-of-Fundamental-Truths>) ___ Yes ___ No

MARITAL BACKGROUND

1. Do either you or your current spouse have a former spouse who is still living? ___ Yes ___ No