



## CREENTIAL APPLICATION FORM INSTRUCTIONS

*Please read all instructions carefully before filling out this application*

This application is in three sections: (total of eleven pages)

- Section 1. Credential application (pages 1-12) to be filled out by applicant.
- Section 2. Pastoral reference form (pages 13-16) to be fill out by the applicant's pastor (preferably) or Ordained Minister who personally knows you.
- Section 3. Pastoral reference form for your spouse (pages 17-18), to be filled out by the applicant's pastor or Ordained Minister who knows her.

### APPLICANT:

1. Please complete Section 1 (pages 1-12) and Background Release Form (last page of application).
2. Have your pastor complete pastoral reference form Section 2 (pages 13-16) and mail to appropriate District Office. If married, have your pastor also complete Section 3 (pages 17-18) and mail to District Office with applicant's pastoral reference.
3. Include a check for the application fee in the amount of \$25.00, payable to the Eastern District.
4. Include a check for the background check in the amount of \$50.00 payable to the Eastern District.
5. If applying for Ordination, include an additional check in the amount of \$25.00, payable to FOCUS, IFCA.
6. If transferring from another Denomination, be sure to enclose copies of your Ordination certificate or other levels of recognition. A copy of your letter requesting transfer or resignation should be included.
7. **Print or type** all answers.
8. All questions must be answered, including Personal Views and Practices.

**Please note:** All applicants will be called for a personal interview and/or orientation.

***All pages of this application must be submitted to the appropriate District Office***

**IFCA Eastern District Office**  
1613 Pioneer Way, Bensalem, PA 19020  
Phone: 845-519-0777  
Email: [fbcjoy@gmail.com](mailto:fbcjoy@gmail.com)



**International Fellowship of Christian Assemblies**

1294 Rutledge Rd. Transfer PA. 16154 Route 18

724.962.3501 • [ifcahq@verizon.net](mailto:ifcahq@verizon.net)

District Name: \_\_\_\_\_

District Address \_\_\_\_\_

- Application Level:**    Ordination    Minister of the Gospel    Licensed Preacher  
 Christian Worker    Transfer    Reinstatement

**PART I -- BASIC INFORMATION**

(Please type or print)

1. Full name \_\_\_\_\_ Date completed \_\_\_\_\_
2. Home address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Date of birth \_\_\_\_\_ Birth place \_\_\_\_\_  
Citizenship \_\_\_\_\_

**PART 2 – FAMILY BACKGROUND**

3. Are you?    Married    Divorced    Single    Widowed    Separated
4. Wife's Full Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Wife's Date of Birth \_\_\_\_\_

*If divorced please provide additional information.*

5. Date of Divorce \_\_\_\_\_  
*Are there child custody/alimony/and or child support arrangements?*  
Please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any unresolved legal marital problems  Yes  No

If yes please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List names and ages of Children

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

**PART 3 – PERSONAL LIFE**

7. When were you born-again? \_\_\_\_\_ Where? \_\_\_\_\_  
Can you provide confirmation from a Pastor or church? \_\_\_\_\_

8. Have you been baptized in water by immersion? \_\_\_\_\_ When and where? \_\_\_\_\_  
\_\_\_\_\_  
Have you been baptized in the Holy Spirit with the evidence of speaking in tongues or prophetic speech? \_\_\_\_\_. When and where? \_\_\_\_\_  
\_\_\_\_\_

9. Do you read the Bible regularly?  Yes  No Have you read the entire Bible?  Yes  No

10. Have you ever been charged with a moral offense? \_\_\_\_\_ If answer is yes, please attach all  
The necessary information on a under separate cover.

11. Do you presently indulge in, any of the following habits?

Watch pornography? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
Live a gay lifestyle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Practice adultery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke or chew tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No

12. Summarize your study habits, prayer time and devotional life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you received a definite call from God?  Yes  No To what? \_\_\_\_\_  
\_\_\_\_\_

**PART 4 - EDUCATION AND WORK EXPERIENCE**

14. EDUCATION: Name of Each Institution Attended	Degree	Yr. Grad.
(a) College: _____	_____	_____
(b) Seminary: _____	_____	_____
(c) Graduate Training: _____	_____	_____
(d) Other Professional Schools: _____	_____	_____
(e) Special Training: _____	_____	_____

*Please attach a list of courses and dates completed. Include any academic awards, special honors, etc.*

15. Are you willing to advance your education in accordance with IFCA recommendation?  Yes  No

16. EXPERIENCE: (Please list in order Month & Year)

Church or Field	City & State	Begun	Terminated
-----------------	--------------	-------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Experience - Professional, Business, or other that contributes to your use in the Ministry?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Current position \_\_\_\_\_

18. Have you ever declared bankruptcy?  Yes  No

Been sued for collection of a debt?  Yes  No      Had wages attached?  Yes  No

19. Have you been involved in any legal action?  Yes  No

*If any answer is yes, please explain on a separate paper.*

20. Are you currently having financial difficulties?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

21. If you are or have been employed in secular work, please attach a list of employers to this application, including addresses, supervisors, and dates you were employed in the respective job.

22. Where is your present church membership? \_\_\_\_\_

23. Were you previously credentialed with the IFCA or any other organization?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

24. Have you ever been dismissed from a denomination or church for cause or withdrawn under charges? If yes, give details \_\_\_\_\_

\_\_\_\_\_

25. Have you ever been a part of a church split, or a church move from one fellowship to another?  
If so please explain. \_\_\_\_\_  
\_\_\_\_\_

26. If you have transferred, provide name, address, and number of your superior and denomination.  
\_\_\_\_\_

27. May we have your permission to contact your previous denomination?  Yes  No  
If no, please give reason(s) \_\_\_\_\_  
\_\_\_\_\_

28. REFERENCES:

List 3 persons who would give an objective evaluation of your training and experience.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street. City. State. Zip)  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street. City. State. Zip)  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street. City. State. Zip)  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAST 5 – IFCA RELATIONSHIP**

29. Have you read the Constitution and By-Laws of the IFCA?  Yes  No  
Are you in agreement with them?  Yes  No  
If not, list area(s) of disagreement \_\_\_\_\_  
\_\_\_\_\_

30. Do you fully agree with the doctrinal positions of the IFCA, and do you agree to teach and preach in harmony with them?  Yes  No

31. Do you hold any mental reservations about the Articles of Faith of the IFCA?  Yes  No  
If yes, give an explanation \_\_\_\_\_

\_\_\_\_\_

32. If you reach a place where you are out of harmony with the doctrines and standards of the IFCA will you surrender your credentials & certificates to your District Officials?  Yes  No

33. Will you cooperate with your District and National Officials?  Yes  No

34. Why are you interested in holding credentials with the IFCA? \_\_\_\_\_

\_\_\_\_\_

35. Are you willing to attend the IFCA Convention, to the best of your ability?  Yes  No

36. Are you willing to attend District Council meetings?  Yes  No

**PART 6 -- SUMMARY OF PREFERENCES**

TYPE OF MINISTRY

- Evangelist
- Missions
- Church Pastor
- Church Staff \_\_\_\_\_
- Itinerate Preacher
- Teacher

TYPE OF CHURCH

- Church with Multiple Staff
- Church with Solo Pastor
- New Church Development
- Other (Specify) \_\_\_\_\_
- No preference

AREAS OF INTEREST

- Music/worship
- Youth
- Seniors
- Part-time or Short-term Minister
- Christian School
- Teacher
- Other (Specify) \_\_\_\_\_

TYPE OF POSITION

- Pastor (Solo)
- Senior Pastor
- Associate Pastor
- Assistant Pastor
- Administration
- Media/Arts
- Interim or Supply
- Pastoral Counselor
- Other (Specify) \_\_\_\_\_
- No preference

## PART 7 -- PASTORAL ACTIVITIES

A. On a scale of 1 to 7, evaluate your expertise and weakness in your ministry. (Circle "7" for the areas of greatest strength and circle "1" for the area of least ability. If completing in Word, please **Bold and Underline** your choices.)

	Very Strong	Strong	Slightly Strong	Average	Slightly Weak	Weak	Very Weak
Preaching	7	6	5	4	3	2	1
Teaching	7	6	5	4	3	2	1
Evangelism	7	6	5	4	3	2	1
Discipleship	7	6	5	4	3	2	1
Worship Leadership	7	6	5	4	3	2	1
Church Administration	7	6	5	4	3	2	1
Team Work	7	6	5	4	3	2	1
Counseling	7	6	5	4	3	2	1
Leadership Training	7	6	5	4	3	2	1
Christian Education	7	6	5	4	3	2	1
Pastoral Visitation	7	6	5	4	3	2	1
Stewardship Ministry	7	6	5	4	3	2	1
Deacon Ministry	7	6	5	4	3	2	1
Youth Work	7	6	5	4	3	2	1
College & Career Ministry	7	6	5	4	3	2	1
Ministry to Senior Citizens	7	6	5	4	3	2	1
Singles Ministry	7	6	5	4	3	2	1
Recreational Activities	7	6	5	4	3	2	1
Community Service	7	6	5	4	3	2	1
Other _____	7	6	5	4	3	2	1

## PART 8 -- PASTORAL ACTIVITIES

(Continued)

B. I WOULD BE MORE COMFORTABLE IN A CONGREGATION THAT PLACED THE PRIORITIES ON MY MINISTRY THE FOLLOWING WAY: [On a scale of 0 to 4, please rate each activity, but only choose highest priority for four to six activities. If completing in Word, please **Bold and Underline** your choices.]

	Low Priority			High Priority	
	0	1	2	3	4
1. WORSHIP LEADERSHIP (Work to develop a rich worship life, educating the congregation for meaningful participation.)	0	1	2	3	4
2. PROCLAMATION OF THE WORD (The word of God is preached with urgency and conviction, bringing it to bear on the changing needs of individuals, the community, and the world. High priority of pastor's time placed on sermon preparation.)	0	1	2	3	4
3. SPIRITUAL DEVELOPMENT OF MEMBERS (Pastor shares members' struggles regarding the Christian faith, with opportunity provided for individuals and groups to reflect on beliefs, concerns, doubts regarding Christian understanding of the spiritual dimensions of life.)	0	1	2	3	4
4. CONGREGATIONAL VISITATION (Church officers and pastor develop and carry out a systematic plan for visitation of the entire congregation with special attention to prospective members and those with special needs.)	0	1	2	3	4
5. HOSPITAL OR EMERGENCY VISITATION (Those in hospitals or emergency situations are regularly visited. network developed to keep pastor and others informed of crisis situations; needs of ill or bereaved are met.)	0	1	2	3	4
6. CONGREGATIONAL FELLOWSHIP (Emphasis placed in developing fellowship, helping members to know one another; groups encouraged which give members the opportunity to love and support one another.)	0	1	2	3	4
7. COUNSELING SERVICES (A counseling program for assisting those in the Church: appropriate referrals made when needed.)	0	1	2	3	4
8. EVANGELISM (Pastor and congregation share faith in Christ as personal Savior in total lifestyle: seek to lead others within and outside the Church to accept Jesus Christ: congregation is informed, trained, helped to establish effective evangelism programs for the church.)	0	1	2	3	4
9. DISCIPLESHIP TRAINING	0	1	2	3	4
10. DEVELOP LAY LEADERSHIP (Creative ideas and directions developed with persons of appropriate skills stimulated to become involved in services.)	0	1	2	3	4

11. MISSION BEYOND THE LOCAL COMMUNITY (Awareness of the Church's worldwide mission and opportunities for corporate and individual involvement; specific projects identified. persons challenged to support, study and/or visit mission programs on six continents.)	0	1	2	3	4
12. EDUCATION AND TRAINING PROGRAM (Pastors identify the educational needs of persons of all ages and backgrounds, developing programs to meet needs, church education supported; educational goals are congruent with the total mission of the Church.)	0	1	2	3	4
13. TEACHING RESPONSIBILITY (Pastor accepts an active teaching role, interpreting and teaching the Scriptures, theological concepts, history of the Church and current events; provides instruction for Church Officers; educational leaders, confirmands and new members.)	0	1	2	3	4
14. OUTREACH IN LOCAL COMMUNITY (Concern for identifying social problems in the community; work done with groups seeking solutions. Time and skills committed to community groups. Information and encouragement provided which enable members to become informed and involved.)	0	1	2	3	4
16. CONGREGATIONAL COMMUNICATION (Two-way communication encouraged, information gathered and shared that will assist problem solving and decision making; varying opinions elicited and all encouraged to listen to opposing points of view.)	0	1	2	3	4
17. ADMINISTRATIVE LEADERSHIP (Pastor accepts appropriate administrative responsibilities, in climate of delegated tasks and shared leadership; volunteers and professional staff encouraged to use their ideas and skills. Work done on developing accountability.)	0	1	2	3	4
18. STEWARDSHIP AND COMMITMENT PROGRAMS (Session and pastor develop a planned stewardship education program to communicate the financial needs of the local church and mission beyond the local church, congregation challenged to commitment to Church's work.)	0	1	2	3	4
19. EVALUATION OF PROGRAM AND STAFF (Systematic procedures used to evaluate programs and staff performance in accord with goals and objectives. Others trained to use these skills. Regular assessment and evaluation.)	0	1	2	3	4
20. DEACON MINISTRIES (Ministering to the needs of those inside the Church.)	0	1	2	3	4

## PART IV -- PERSONAL VIEWS AND PRACTICES

Please state briefly (one or two sentences) your personal views and practices using the following outline. Attach additional paper if necessary.

### A. Theological Conviction

1. View of Scripture \_\_\_\_\_

---

---

---

2. Biblical World View \_\_\_\_\_

---

---

---

3. Trinity \_\_\_\_\_

---

---

---

4. Person and Work of Christ \_\_\_\_\_

---

---

---

5. Justification & Sanctification \_\_\_\_\_

---

---

---

6. Sacraments of Baptism and Communion \_\_\_\_\_

---

---

---

7. Baptism in the Holy Spirit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Gifts of the Spirit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Evangelism \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Church Discipline \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. LGBTQ+ concepts and practices \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Views on smoking, alcohol, and pornography \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Personal Practices**

*Indicate approximately how much time (per day or per week) you spend on each of the following:*

- 1. Devotional Life \_\_\_\_\_
- 2. Place of Family \_\_\_\_\_
- 3. Sermon Preparation \_\_\_\_\_
- 4. Hobbies and Recreation \_\_\_\_\_
- 5. Pastoral Work \_\_\_\_\_
- 6. Community Activities \_\_\_\_\_
- 7. Church Administration \_\_\_\_\_
- 8. Other studies \_\_\_\_\_

**C. Personal Lifestyle**

- Task Oriented
- People Oriented
- Both
- Introvert
- Extravert
- Mix

**D. Miscellaneous**

- Recent continuing education \_\_\_\_\_
- Awards \_\_\_\_\_
- Published writing \_\_\_\_\_
- Special evangelism training \_\_\_\_\_
- Key experience in ministry \_\_\_\_\_
- Future goals \_\_\_\_\_

**SECTION 2- DATA RELEASE FORM**

I, \_\_\_\_\_, having filed an application for credentials with the \_\_\_\_\_ District of the General Council, International Fellowship of Christian Assemblies, hereby grant permission to said District and the Department of FOCUS (Faith, Order, Credentials, Unity, and Standards) of the IFCA, to circulate my application and any other related information about me to all responsible persons who will be receiving this application and data, which is required in the granting of credentials.

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

\_\_\_\_\_  
Signature

**CANDIDATE:**

I certify that I have read all the questions in this application and that I have answered them truthfully. I hereby apply for credentials with the IFCA, through the \_\_\_\_\_ District. I agree to be interviewed in person before my recognition is granted. I am aware that if any of my answers are discovered to be false, my credentials will be automatically revoked.

I hereby set my signature \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**DISTRICT ACTION**

Approved \_\_\_\_\_ Recognition granted as: \_\_\_\_\_

Not approved \_\_\_\_\_ Reason: \_\_\_\_\_

Hold \_\_\_\_\_ For \_\_\_\_\_

Date \_\_\_\_\_ District Officer \_\_\_\_\_



**International Fellowship of Christian Assemblies**  
 1294 Rutledge Rd. Transfer PA. 16154 Route 18  
 724.962.3501 • [ifcahq@verizon.net](mailto:ifcahq@verizon.net)

**PASTORAL REFERENCE FORM FOR CREDENTIAL APPLICANT**

Applicant's Name: \_\_\_\_\_

Minister's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

If you are not an IFCA Pastor, with whom do you hold credentials? \_\_\_\_\_

1. Are you the applicant's Pastor?  Yes  No

If not, what is your association with the applicant? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

\_\_\_\_\_

3. Are you in any way related to the applicant?  Yes  No

If "yes", describe relationship: \_\_\_\_\_

\_\_\_\_\_

4. To the best of your knowledge...

a. Is the applicant living a consistent Christian life?  Yes  No

b. Has the applicant continued to grow towards spiritual maturity and reached a level suitable for his/her requested credential?  Yes  No explain \_\_\_\_\_

c. Is the applicant received well by the community? \_\_\_\_\_

d. Is he/she respected and received well by the local church which he/she attends or pastors? \_\_\_\_\_

e. Is he/she respected and received well by colleagues in the community? \_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS

This form must be completed by an Ordained Minister who knows the applicant well. Because it is essential that great care be taken in the selection of candidates for the Ministry, we ask that you answer each of the questions below as frankly as possible. Omit items which you have had no opportunity to observe. All information provided will be held in strict confidence!

5. Please describe the applicant. Circle the proper number after the statement which applies.

("1" is poor and "5" is excellent).

Courtesy	1	2	3	4	5	no information
Maturity	1	2	3	4	5	no information
Leadership	1	2	3	4	5	no information
Initiative	1	2	3	4	5	no information
Adaptability	1	2	3	4	5	no information
Dependability	1	2	3	4	5	no information
Bible Knowledge	1	2	3	4	5	no information
Ministry Involvement	1	2	3	4	5	no information
Physical Fitness	1	2	3	4	5	no information
Wise use of free time	1	2	3	4	5	no information
Neatness of person	1	2	3	4	5	no information
Care of property	1	2	3	4	5	no information
Respect for property	1	2	3	4	5	no information
Wisdom money matters	1	2	3	4	5	no information
Consideration of others	1	2	3	4	5	no information
Public speaking ability	1	2	3	4	5	no information
Behavior in public	1	2	3	4	5	no information
Sincerity	1	2	3	4	5	no information
Disposition	1	2	3	4	5	no information
Overall decorum	1	2	3	4	5	no information
Discipline in the home	1	2	3	4	5	no information
Relationship with family	1	2	3	4	5	no information
Cooperation with family	1	2	3	4	5	no information
Study habits	1	2	3	4	5	no information
Interpersonal relationships	1	2	3	4	5	no information
Attitude towards Ministry	1	2	3	4	5	no information
Behavior with opposite sex	1	2	3	4	5	no information

6. What type of ministries, gifts and talents are evident in the applicant's life?

---

---

7. Is there any evidence of God's call to the ministry on the applicant?

Yes Possibly No Please comment on your answer:

---

---

8. What characteristics of this person do you feel might contribute to a successful Ministry/Christian service?

---

---

9. What characteristics of this person do you feel might create problems in the Ministry/Christian service?

---

---

10. How does the applicant react to instruction, counsel, discipline, or correction?

---

---

11. What opinion have you formed regarding his/her Christian character?

---

---

12. To the best of your knowledge, does the applicant hold any doctrinal view or teaching not commonly held by the International Fellowship of Christian Assemblies? \_\_\_\_\_ If "yes", please explain

---

---

13. List any habits or areas of integrity you may be aware of that may be detrimental to this person's effectiveness in their Ministry or Christian service which the District Presbytery should be made aware of:

---

---

14. Can this applicant be trusted to keep confidence? Not usually Usually Always

15. Circle the words which you feel would best describe the applicant:

- |            |               |             |                    |
|------------|---------------|-------------|--------------------|
| Impatient  | Prejudice     | Impulsive   | Socially Awkward   |
| Intolerant | Tactful       | Studious    | Self-Confident     |
| Insecure   | Argumentative | Organized   | Sarcastic          |
| Modest     | Domineering   | Loving      | Critical of others |
| Patient    | Proud         | Kind        | Mature             |
| Anxious    | Timid         | Loyal       | Compassionate      |
| Nervous    | Verbal        | Gentle      | Teachable          |
| Depressed  | Humble        | Intelligent | Self-disciplined   |

16. Do you recommend the applicant named for credentials? (check one)

Yes

With reservation

No

17. Please add any additional comments?

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**International Fellowship of Christian Assemblies**

1294 Rutledge Rd. Transfer PA. 16154 Route 18

724.962.3501 • ifcahq@verizon.net

**REFERENCE FORM FOR A CREDENTIAL APPLICANT’S SPOUSE**

*This form must be completed by the applicant’s Pastor.*

Name of Applicant’s Spouse \_\_\_\_\_

1. Are you an Ordained Minister?  Yes  No \_\_\_\_\_

2. In your opinion, does he/she display a cooperative spirit concerning the spouse’s call to the ministry?  Yes  No \_\_\_\_\_

3. Does he/she become involved in the church by:

a. Attending services:  Regularly  Occasionally  Never

b. Participating in worship:  Regularly  Occasionally  Never

c. Serving in ministries:  Regularly  Occasionally  Never

4. To the best of your knowledge...

a. Is the spouse living a consistent Christian life?  Yes  No

\_\_\_\_\_

b. Has he/she continued to grow towards spiritual maturity?  Yes  No

\_\_\_\_\_

c. What characteristics of this person do you feel might cause problems in the ministry of his/her spouse? \_\_\_\_\_

\_\_\_\_\_

d. Is the spouse respected well by the local congregation?  Yes  No

\_\_\_\_\_

In the community?  Yes  No

\_\_\_\_\_

Please add any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle the words which you feel would best describe the applicant's spouse:

Impatient	Prejudice	Impulsive	Socially Awkward
Intolerant	Tactful	Studious	Self-Confident
Insecure	Argumentative	Organized	Sarcastic
Modest	Domineering	Loving	Critical of others
Patient	Proud	Kind	Mature
Anxious	Timid	Loyal	Compassionate
Nervous	Verbal	Gentle	Teachable
Depressed	Humble	Intelligent	Self-disciplined

---

Date

---

Signature



Professional Background Screening Service  
33 East Merrick Road – Valley Stream, NY 11580  
516-872-2147 fax - 516-872-1900 office  
[investigate1@verizon.net](mailto:investigate1@verizon.net)

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**  
(Please fill in blanks – type or print clearly)

GLOBAL CONSULTING LLC's Professional Background Screening Service provides such services as, but not limited to, SSAN/Residence Verification, Criminal History searches to include National Sex / Child Abuse Registry, Criminal / Civil Docket searches, Homeland Security / Immigration & Naturalization searches, Credit Reports, Bank / Credit / Stock & Investment Account reports, Motor Vehicle / Driving Record Reports, Prior Litigation searches, Bankruptcy Liens and Judgment searches, various Verification of Personal References / Employment / Education / Professional Licenses / Military Records, any other Public Records, Media searches, Drug Testing, DNA Testing, Polygraphs, Fingerprinting, Birth / Death Certificates, etc.

I, the undersigned consumer do hereby authorize the INTERNATIONAL FELLOWSHIP of CHRISTIAN ASSEMBLIES ("IFCA"; also known as the Christian Church of North America, CCNA), by and through its independent contractor, GLOBAL CONSULTING, LLC. ("GC") and associates, to procure a Consumer Report, and / or an Investigative Consumer Report on me, which may include some or any of the services summarized above. I further authorize any person, business, or government agency who may have information relevant to the above to disclose the same to the "IFCA," by and through "GC."

I hereby release "IFCA," "GC," and any and all persons, business entities, whether public or private, and governmental agencies, from any and all liability, claim and / or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a Consumer Report and / or Investigative Consumer Report hereby authorized. I understand that this authorization / release form shall remain in effect for the duration of my association with "IFCA" either through credentialing, employment, or unpaid appointments.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any Investigative Consumer Report of which I am the subject, upon my written request to GC, provided such is made within a reasonable period of time after the date thereof. I also understand that I may receive a written summary of my rights under Title 15, USC 8 1681, et. seq.

I further certify that the information provided on this authorization / release form is true and correct and that my application / association with IFCA may be terminated based upon any false, omitted, or fraudulent information.

PRINT NAME \_\_\_\_\_  
FIRST MIDDLE LAST

OTHER NAMES USED \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
NUMBER / STREET CITY STATE ZIP CODE DATES

FORMER ADDRESS \_\_\_\_\_  
NUMBER / STREET CITY STATE ZIP CODE DATES

SOCIAL SECURITY NUMBER \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ D.O.B. \_\_\_\_\_ GENDER \_\_\_\_\_

- HAVE YOU EVER BEEN CHARGED / CONVICTED OF A CRIME? YES\_\_ NO\_\_
- HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES\_\_ NO\_\_
- ARE YOU CURRENTLY A SUBJECT OF AN INVESTIGATION OR PENDING CHARGES? YES\_\_ NO\_\_  
(For YES answers please provide a summary with specifics / jurisdictions / dates on reverse side of this form)

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_