



## Dominion District Application for Connecting with Church of God in Christ VA 2<sup>nd</sup> Jurisdiction

### Personal Data

1) Minister's Name \_\_\_\_\_

2) Address \_\_\_\_\_  
\_\_\_\_\_

3) Phone Numbers \_\_\_\_\_

Home Phone      Work Phone      Email Address

4) Marital Status S  M  D       RM  (If So, How Long Please explain on another sheet)

There is no exclusionary practice of membership or licensure or ordination for having experienced divorce. All applications are processed on a case-by-case basis.

5) Spouse's Name \_\_\_\_\_

6) Is your spouse a Christian? Yes No           

7) Is your spouse supportive of your             ministry? Yes  
No           

8) Do you have children?       Yes       No

9) Are they committed Christians?      Yes      No

10) If No please explain:

District Headquarters

119 29<sup>th</sup> Street • Newport News • Virginia 23607

Website: <http://www.cogicva2.com/>



10) Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11) Current Level of Education (this is for information purposes only)

High School 9  10  11  12

College (Secular or Bible)

Location

Years attended or Degree

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

**Ministry Background**

*For Questions 12 – 16, please explain, if necessary, on a separate sheet of paper:*

12) Please record approximate spiritual milestone dates:

Salvation \_\_\_\_\_

Holy Spirit Baptism \_\_\_\_\_

Call to Ministry \_\_\_\_\_

First Ministry License and the ordaining person, church, or body

\_\_\_\_\_

District Headquarters

119 29<sup>th</sup> Street • Newport News • Virginia 23607

Website: <http://www.cogicva2.com/>



If you have never had a license and or ordination and are seeking licensure and or ordination, please explain and check this box here:

\_\_\_\_\_

All ordinations, licensures, and affiliate memberships of Dominion District of COGIC VA 2 are processed during District Meetings and Jurisdictional Convocation and are renewable every two years to remain in good standing with the fellowship.

13) Are you currently serving in the ministry?  Full-Time  Part-Time

14) If part-time, what is your full-time occupation?

\_\_\_\_\_

15) List any prior ministry or ministries with which you have been licensed/ordained?

Licensed	<input type="checkbox"/>	<input type="checkbox"/>	Ordained	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Ordained	_____
Licensed	<input type="checkbox"/>	<input type="checkbox"/>	Ordained	_____

16) What person do you presently recognize as your personal pastor and / or spiritual mentor?

Name \_\_\_\_\_

Ministry \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

District Headquarters

119 29<sup>th</sup> Street • Newport News • Virginia 23607

Website: <http://www.cogicva2.com/>



How long have you known the person? \_\_\_\_\_

**Church Information**

17) Church Name \_\_\_\_\_

18) Address \_\_\_\_\_  
\_\_\_\_\_

19) Phone Numbers \_\_\_\_\_  
\_\_\_\_\_

20) Congregation Size \_\_\_\_\_  
Church Phone \_\_\_\_\_ Church Fax \_\_\_\_\_ Church Email \_\_\_\_\_

Membership \_\_\_\_\_ Actual Attendance \_\_\_\_\_

21) When was your church founded? Month \_\_\_\_\_ Year \_\_\_\_\_

22) Are you the founder?  Yes  No

23) What level of membership are you applying for?  
\_\_\_\_\_

24) What is your church's annual budget?  
\_\_\_\_\_

25) Does your ministry embrace the Baptism of the Holy  Spirit? Yes

No 26) Explain:

District Headquarters

119 29<sup>th</sup> Street • Newport News • Virginia 23607

Website: <http://www.cogicva2.com/>



27) What form of financial accountability do you currently have established?

---

---

---

28) Vision/Purpose Statement (please state briefly)

---

---

---

28) Please explain your church's internal structure. (Example: Pastor, elder, deacons, etc.)

---

---

---

---

---

29) Is your church a member of a denomination or other ministerial organization? If so, please explain.

---

District Headquarters

119 29<sup>th</sup> Street • Newport News • Virginia 23607

Website: <http://www.cogicva2.com/>



---

---

---

---

---

30) Please list current affiliations and organizations (include all ministerial associations and attach copies of current ordination).

---

---

---

---

---

31) With this application, please submit a paragraph on what and why you would like to connect with The Dominion District of the Church of God in Christ. Describe how you found out about The District, and Bishop Golden and your expectations as a result of the connection. Please email your final completed application to [info@dow.church](mailto:info@dow.church)

A hard copy of your application materials can be mailed to P.O. Box 576 Newport News VA 23607

