

The Anglican Churches of Pentecost

Covering. Covenant. Connection.

Covenant Member Survey

Name (Full): _____ Title: _____

Ordained: (Y / N) Date: _____ By: _____

DOB: _____ Education: High School – Associate – Bachelor – Master – Doctorate

University/Seminary Attended: _____

Major/Degree(s): _____

Home Address (Physical): _____

Mailing Address (if different): _____

Ph #: _____ Email: _____

Married: (Y – N – D – W) Spouse's Name: _____ DOB: _____

Children (Names/DOBs): _____

Church/Ministry Name: _____

Physical Address: _____

Mailing Address (if different): _____

Church/Ministry Ph #: _____ Email: _____

Church Website: _____

A.D.
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Church Facebook: .com/_____ Church Twitter: @_____

Tell us about (or attach) your church's motto/mission statement/vision etc.

Ministry Info: _____

What are your personal ministry gifts? _____

What are your ministry goals? _____

What are you hoping to get out of ACP? _____

What do you hope to bring to ACP? _____

How did you hear about us? _____

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Occupation (Outside of Ministry): _____

Duties: _____

Hobbies: _____

Musical Ability: Sing _____ Play Instrument _____ Read Music _____ Play by Ear _____

Instruments: _____

T-Shirt/Polo Size: _____ **Ball Cap Size:** _____ **Ring Size:** _____ **Clergy Collar Size:** _____

Would you be interested in working on any of these National Committees/Ministries?

Adjutancy _____ Dept. of Missions & Outreach _____ Dept. of Christian Education _____

Chaplaincy _____ Dept. of Worship Arts _____ Dept. of Social Justice _____ Youth Congress _____

COMMENTS: _____

PLEASE: Attach copies of your bio, official photo(s), ordination certificate(s), degrees, and church/ministry bylaws, faith/belief/mission statements, or any other organizational documents to be maintained on file at the Headquarters Cathedral.

***** When completed, mail in (or fax) all pages and attachments to the Cathedral or scan and email it to; Admin@AnglicanFire.org. *****

All Covenant Surveys must be submitted with a \$25 non-refundable administration fee which can be mailed in or paid online at www.AnglicanFire.org.

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CIVIL BACKGROUND INFO

* “Yes” responses will in NO way count against you for affiliation. Only dishonesty can hurt.*

Have You ever been convicted of a Felony? YES [] NO []

If Yes, date & circumstances:

Have You ever been convicted of a Misdemeanor (Disorderly Person)? YES [] NO []

If Yes, date & circumstances:

Have You ever been in jail/prison for any length of time? YES [] NO []

If Yes, date & circumstances:

Do you currently have any charges pending? YES [] NO []

If Yes, date & circumstances:

Have You ever been accused of sexual assault/misconduct or rape? YES [] NO []

If Yes, date & circumstances:

Have You ever been accused of misuse of funds/embezzlement? YES [] NO []

If Yes, date & circumstances:

Have You ever been treated for mental illness? YES [] NO []

If Yes, date & circumstances:

Have You ever been committed to a mental facility? YES [] NO []

If Yes, date & circumstances:

Are you currently AWOL from the U.S. Military? YES [] NO []

If Yes, date & circumstances:

Are you currently a fugitive from justice? YES [] NO []

If Yes, date & circumstances:

Is there anything else you need to disclose? _____

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BACKGROUND CONSENT

I, _____ *PRINT* _____, the undersigned, give consent to the Anglican Churches of Pentecost, its senior leadership, or its agent(s), to fully investigate my background and the veracity of any statements given on the “Civic Background Info” form. To whomever this consent, or a true copy thereof, is presented to, I authorize you to share my personal information.

I acknowledge that the information obtained will be kept confidential by the Anglican Churches of Pentecost and will not be shared except at my request or with my approval. I further acknowledge that a criminal history or record is not a sole cause for the Anglican Churches of Pentecost to deny me standing amongst the clergy of the communion, and as such affirm that I have fully and honestly disclosed, to the best of my knowledge, any and all information that could reflect poorly upon the communion, or jeopardize the legal or insurance status of the church; upon threat of dismissal and liability for damages.

Witness my hand: (*Sign*) _____ Date: _____

Print Name: _____ Title: _____

If outside New Jersey, Please have a Notary Public **OR witness sign also.**

Witness: (*Sign*) _____ Date: _____

Print Name: _____ Title: _____

Sworn before me,
this _____ day of _____
in the year _____.

Notary Public

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