

OCMN Partnership Application - Church Planting

Let us begin by sincerely thanking you for your interest in planting a church in Ohio and for your desire to partner with our AG family of churches to work toward a goal that embraces your gifts and calling and maximizes a successful outcome. Our hope is not only to begin new works that reach the lost in Ohio, but to do our very best to journey with prospective planters and their families so that they can be fulfilled and blessed throughout the planting process and beyond.

This application set is designed to gather some basic information about you and your spouse and allow you to express your God-given vision as it relates to starting a new work. Although there can be some variation in the order, the steps shown below, referred to as the pipeline, briefly summarize the process that you can expect as you move toward planting.

Please do not hesitate to contact our office if you have any questions. We look forward to working with you to reach the lost!

In Christ,

Ohio Church Multiplication Committee



Your Vision and Story

Please send the following along with this completed application to ocmn@ohioministry.net:

1. A photograph of you and your spouse
 2. A brief personal and ministry biography including a description of your call to be a church planter
 3. A vision statement for your new work including a ministry plan (click [here](#) for samples)
 4. A resume that includes information on your education and employment
 5. A notarized release form for planter and spouse (click [here](#) to download the release forms)
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General Information

Today's Date

A. Applicant

Full Name

Gender

Marital Status

Social Security Number

Street Address

City, State, Zip

E-mail

Daytime Phone

Type

Evening Phone

Type

Date of Birth

Place of Birth

B. Applicant's Spouse and Children

Full Name of Spouse*

Date Married

****Please have your spouse fill out the information section at the bottom of this application.***

Children (Names, Ages)

C. Health

Do you, your spouse, or your children have any health concerns that could interfere with your ability to plant a church?

Yes

No

If so, please describe:

D. Credentials

1. Do you hold credentials with the Assemblies of God?

Yes (Skip to Q4)

No

2. If you do not currently hold credentials with the Assemblies of God, are you in the process of obtaining them?

Yes, I have submitted my transcript for review

Yes, I am in the process of completing my coursework through Global University or OSOM

Yes, I have connected with the Network Secretary's office in regard to attending the New Credentials Orientation

Yes, I have attended NCO

Yes, I have been interviewed and am awaiting approval by the Network Presbytery

No, but I would like to begin the process (please send a copy of your transcript to ocmn@ohioministry.net)

No, and I am not interested in pursuing credentials at this time

3. Have you ever been divorced?

Yes

No

4A. If you currently hold credentials with the Assemblies of God, please identify the credential, the date received and from which district:

Credential Type

Year

District

Credential Type

Year

District

Credential Type

Year

District

4B. Current District

4C. Are you faithful and current in tithing to the district?

Yes

No

5. Have you ever held credentials with any other church organization?

Yes

No

If so, please list the church organization and type of credential held:

Personal Network

Do you have a coach?

Yes

No

If so, please provide his/her name and email:

Do you have a mentor?

Yes

No

If so, please provide his/her name and email:

Financial Information

What would be your approximate indebtedness?

Please explain:

Have you ever filed for bankruptcy?

Yes

No

If so, when?

References

Please give as references the contact information of three ministers (preferably Assemblies of God) with one being your pastor, and three additional references, one of whom is not a believer. **These should be individuals who know both you and your spouse personally.**

A. Ministers

Pastor's Name	Church
Street Address	
City, State, Zip	Phone
E-mail (Required)	

Minister's Name	Church
Street Address	
City, State, Zip	Phone
E-mail (Required)	

Minister's Name	Church
Street Address	
City, State, Zip	Phone
E-mail (Required)	

A. Non-ministers

Unbeliever's Name	
Street Address	
City, State, Zip	Phone
E-mail (Required)	

Name	
Street Address	
City, State, Zip	Phone
E-mail (Required)	

Name
Street Address
City, State, Zip
E-mail (Required)

Phone

General Information - Spouse

A. Applicant's Spouse

Full Name
Marital Status
Street Address
City, State, Zip
E-mail
Daytime Phone
Evening Phone
Date of Birth
Gender
Social Security Number
Type
Type
Place of Birth

B. Health

Do you, your spouse, or your children have any health concerns that could interfere with your ability to plant a church?

Yes

No

If so, please describe:

C. Involvement in Church Plant

1. What do you see your role being in a possible future church plant?

2. How do you feel about the possibility of church planting?