

# OCMN Partnership Application - Site Pastor

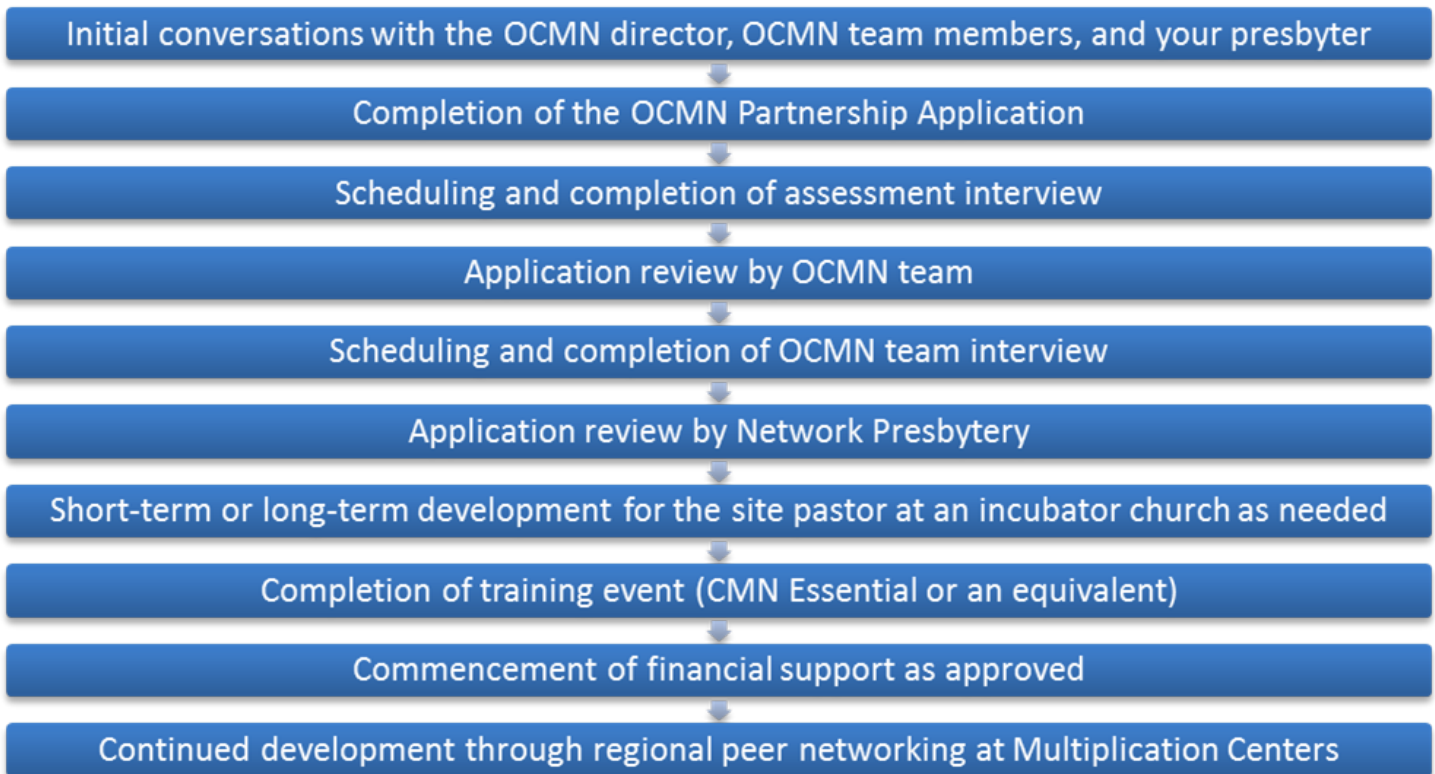
Let us begin by sincerely thanking you for your interest in multi-site opportunities in Ohio and for your desire to partner with our Church Multiplication Team and our AG family of churches to work toward a goal that embraces your gifts and calling and maximizes a successful outcome. Our hope is not only to begin new works that reach the lost in Ohio, but to do our very best to journey with prospective site pastors and their families so that they can be fulfilled and blessed throughout the start-up 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 leading a new site.

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

Sincerely,

The Ohio Church Multiplication Network



# Your Vision and Story

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Please send the following along with this completed application to [ocmn@ohioministry.net](mailto: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)

## General Information

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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 <input type="text"/>	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](mailto: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

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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

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What would be your approximate indebtedness?

Please explain:

Have you ever filed for bankruptcy?

Yes

No

If so, when?

# References

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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

Phone

E-mail (Required)

# General Information - Spouse

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## A. Applicant's Spouse

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. 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?