

**INDIANA MINISTRIES - ENTRANCE INTERVIEW**

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital status  Married  Single  Divorced  Widowed  Remarried

Have you ever been convicted of a felony?  No  Yes -- If yes, please explain on separate sheet.

Have you been involved in any legal actions which may have an impact on your credentials (i.e. bankruptcies, criminal record, lawsuits, divorce)?  No  Yes -- If yes, please explain on separate sheet.

**INDIANA TRANSFER POLICY**

Please note the following credentials policy effective January 2011: The Indiana Credentials Committee (Department of Ministry Services) will accept the Inter-Assembly Transfer of incoming minister[s] -after they have satisfied the Entrance Policy **requirements** of this governing region, including background screening. (Entrance Policy adopted by DMS August 2008).

1. The following forms must be received:
  - a. Entrance interview form
  - b. Release of information form
  - c. Background Check Information and Authorization
  - d. Copy of the minister's current credential certificate
2. The background screening fee will be paid (currently \$40)

The background screening fee may be waived if background screening (national and state criminal screening, sex offender registry, and credit check) has been completed by your previous Church of God State Office. If this is the case, please complete a Release of Information for Background Screening Verification form, and we will send an Inter-Assembly Background Screening Verification form to that State Office. Retired ministers are exempt from background screening requirements IF they do not intend to participate in active ministry in Indiana.

***Please keep in mind that your credentials transfer cannot be accepted and your name cannot be added to the Indiana Approved Ministers List until these Entrance Policy criteria have been met.***

Intended ministry status in Indiana:  Pastoral Ministry  Other active ministry: \_\_\_\_\_  
 Retired, but still active in ministry  Retired, not active in ministry  
 Inactive in ministry -- reason: \_\_\_\_\_

**CREDENTIAL INFORMATION**

# Years in Ministry: \_\_\_\_\_ Credentials Status:  Commissioned  Licensed  Ordained

Year Credentialed: \_\_\_\_\_ State Credentialed: \_\_\_\_\_

If not credentialed, are you currently in the credentialing process?  No  Yes – At what stage is your credentialing process? \_\_\_\_\_

State currently holding your credentials \_\_\_\_\_

Have you requested this state to have your credentials transferred to Indiana?  Yes  No

Have you ever received ministerial disciplinary action?  No  Yes -- If yes, please explain on separate sheet.

**PREVIOUS MINISTRY INFORMATION**

State moving/moved from: \_\_\_\_\_ Date of move to Indiana: \_\_\_\_\_

Type of ministry position served in previous state:

- Senior pastor at a church  
Church Name & City \_\_\_\_\_ # years \_\_\_\_\_
- Associate pastor at a church – position: \_\_\_\_\_  
Church Name & City \_\_\_\_\_ # years \_\_\_\_\_
- Other type of ministry - title: \_\_\_\_\_  
Organization Name & City \_\_\_\_\_ # years \_\_\_\_\_
- Retired
- Other: \_\_\_\_\_

Ministry leadership positions: \_\_\_\_\_

Community involvement/leadership: \_\_\_\_\_

**CURRENT MINISTRY INFORMATION**

Purpose for moving to Indiana:

- Senior pastor at a church Church Name & City \_\_\_\_\_
- Associate pastor at a church – position: \_\_\_\_\_  
Church Name & City \_\_\_\_\_
- Other type of ministry  
Organization Name & City \_\_\_\_\_
- Retired --- If retired, do you wish to serve as Pulpit Supply?  Yes  No Interim?  Yes  No
- Other: \_\_\_\_\_

**FAMILY INFORMATION**

If married: Spouse's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Children:	<i>Name</i>	<i>Age</i>	<i>Living at home?</i>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:** Indiana Ministries of the Church of God, 13300 Olio Road, Ste 303, Fishers, IN 46037  
[Jlighty@indianaministries.org](mailto:Jlighty@indianaministries.org) - fax 317-773-6570