

INTERVIEW QUESTIONNAIRE

CERTIFIED MINISTER

Please note: Given the time frame of the interview and the needs of the individual candidate, it may not be feasible to cover all the questions. It is recommended that spouses accompany the candidate for the questions on Calling, Personal Life, and Ministry. The committee and candidate should determine if the spouse should stay for the questions in the other categories.

Candidate's Name: _____

Calling, Personal Life, Ministry

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| 1. Explain the nature of your call to the ministry. Do you feel called to a definite type of ministry? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Do you feel that you may eventually be in full-time ministry? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 3. How many times did you preach in the past year? Will this increase next year? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 4. Describe the last time that you led someone to the Lord. Describe the last time that you prayed with someone to receive the baptism in the Holy Spirit. Describe the last time that you prayed with someone to be healed. | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 5. Are you open to the possibility of further schooling for the ministry? What are your plans regarding study at home? Do you enjoy study? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 6. Describe your devotional life. | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 7. Do you have a mentor—someone who serves as a model in ministry and to whom you look for counsel in regard to your spiritual development and your ministry? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 8. What is the attitude of your spouse toward the ministry? Of your children? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 9. Does your spouse have talents that will enhance your ministry? Is the atmosphere in your home conducive for effective ministry? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 10. According to your application your debt obligation is (\$_____ see application). Has this figure changed? Will this obligation present a problem to you as a minister on a limited income? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

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| 11. Are you willing to work to supplement ministerial income? To what extent are you willing to subject your family to sacrifice for your ministry? Do they feel as you do? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 12. How important do you consider your appearance to be as a minister? Are you careful in this regard? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 13. Do you experience the presence of Christ and live a holistic, healthy lifestyle that includes spiritual disciplines such as fasting, regular exercise, good diet, and rest? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 14. Are there significant personal or family issues that we should be aware of as we consider your request for credentials? | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

General Council, District Council, Local Church

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| 1. Have you read both the General Council and District* Council constitution and bylaws in their entirety? | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Describe the function of the General Council, the General Presbytery, and the Executive Presbytery. | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 3. Explain what is meant by <i>cooperative fellowship</i> ? How would you relate to such a group? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 4. What is the General Council support requirement for a certified minister? What is the district support requirement? Will you be able and willing to comply? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 5. To what extent have you been faithful in support of the local church in tithes and offerings since you have been a Christian? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 6. Which church are you a member of now? Are you an active member? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 7. Can you name the District executive officers and full-time departmental directors? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 8. Which section of the District do you live in? Do you know your sectional presbyter? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 9. If you are granted credentials, will it change your relationship to the local church? How? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Theology, Doctrine, Tenets of Faith

1. What are the ordinances of the church and why are they important?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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2. What is the Assemblies of God position on <i>open communion</i> ? Do you agree with it? Why?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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3. What is meant by the <i>Trinity</i> ?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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4. Does the Holy Spirit have a distinct personality? If so, describe it.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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5. Explain the relationship of sin and Satan to sickness. Give your views on divine healing as provided in the atonement.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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6. What are the inward and outward evidences of salvation?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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7. How would you explain the importance of the baptism in the Holy Spirit to a new believer?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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8. How long is the millennium and how will it end?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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9. What is the initial physical evidence of the baptism in the Holy Spirit, and why is it significant?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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10. Do you believe that everyone who is baptized in the Holy Spirit speaks in tongues at the time they are baptized in the Spirit? Explain your view.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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11. Are you struggling with any significant theological issues which we should be aware of as we consider your request for recognition as a certified minister?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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12. Turn to Luke 4:18-19 and explain its meaning in your own words.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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SUMMARY BY INTERVIEWER:

In general, the candidate's responses were: Very good Satisfactory Poor

Initials _____ Date _____

*The term *district* is interchangeable with *network* throughout this form.