

**NORTHERN CALIFORNIA AND NEVADA  
DISTRICT OF THE ASSEMBLIES OF GOD**

**APPLICATION FOR CHURCH PLANTING**

**APPLICANT INFORMATION**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Type of Current Ministry: C/E \_\_\_\_\_ Music \_\_\_\_\_ Youth \_\_\_\_\_ Admin. \_\_\_\_\_ Evangelism \_\_\_\_\_

**PROPOSED LOCATION**

Proposed name of new church:

City:

Zip:

Section:

Presbyter's Name:

Pres. Phone:

Target date of first service:

**WHY DO YOU FEEL A CALL TO PLANT IN THE NCN DISTRICT?**

**WHAT EXPERIENCE HAVE YOU HAD IN CHURCH PLANTING TO DATE?**

**WHAT GIFTS DO YOU FEEL ARE NECESSARY FOR BEING SUCCESSFUL**

**DO YOU FEEL YOU POSSES THESE GIFTS? EXPLAIN.**

**MENTORING/COACHING**

Will your church plant by (mothered, mentored, coached)? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is no, are you wanting to be mentored by another church? Yes \_\_\_\_\_ No \_\_\_\_\_

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If you are being mentored please answer the following:

Name of mothering/mentoring church:

Name of mentoring pastor:

Phone:

Will they support you? Full: \_\_\_\_\_ Partial: \_\_\_\_\_

Summarize your plan:

Will you be bi-vocational? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your spouse work? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments:

**YOUR PHILOSOPHY OF MINISTRY FOR CHURCH PLANTING**

How will you begin:

Your plan of evangelism:

Your plan to develop leaders:

Your plan of worship services:

Your plan of visitation:

Your plan for church growth:

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**APPLICATION FOR CHURCH PLANTING**

You plan to establish and office and equipment

Please attach a current resume to this application

The Submission of this application will help us evaluate and confirm your calling as a church planter. If you have any questions, please call the District office at 916-379-9600.