



**Calling And Ministry Studies
For Students (CAMSFS)
Application
(Students aged 14-22)**

NAME OF APPLICANT: _____

NAME OF STATE/REGION: _____

**CHURCH OF GOD INTERNATIONAL OFFICES
Cleveland, Tennessee, U.S.A.**

July 2024

South Georgia Church of God

CAMS FOR STUDENTS

CALLING and MINISTRY STUDIES for STUDENTS (CAMSFS) is designed to help high school and college students, aged 14-22, to identify, affirm, and define their calling. The program consists of four monthly seminars with four phases: **EXPLORE, EQUIP, ENGAGE, and EMPOWER**. This study will engage the younger generation, not only to identify the call of God, but also to start preparation in developing a healthy self-awareness while building a strong foundation for successful vocational and credentialed ministry in the Church of God.

GENERAL INFORMATION

Applicant's First Name _____ Middle Name _____ Last Name _____

Social Security No. (must have before taking test) _____ Nationality _____

Please indicate ethnicity:

- ☐ African
- ☐ Haitian
- ☐ African-American
- ☐ Hispanic or Latino
- ☐ American Indian, Eskimo or Aleut
- ☐ Jamaican ☐ Asian or Pacific Islander
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Caucasian
- ☐ Other _____
- ☐ East Indian or West Indian

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____ ☐ Male ☐ Female

Date of Birth _____ U.S.A. Citizen? ☐ Yes ☐ No

SPIRITUAL EXPERIENCE

1. Age at conversion _____
2. Date of conversion _____
3. Age when sanctified _____
4. Have you received the baptism with the Holy Spirit with the evidence of speaking in tongues? ☐ Yes ☐ No
5. Age when baptized with the Holy Spirit _____
6. Have you been baptized in water in the name of the Father, the Son, and the Holy Spirit? ☐ Yes ☐ No
7. Date of water baptism ____/____/____
8. Have you backslidden since your initial water baptism? ☐ Yes ☐ No
9. If yes, have you subsequently been baptized? ☐ Yes ☐ No If yes, give date ____/____/____
10. Do you have personal devotions? ☐ Yes ☐ No

CALL TO MINISTRY

1. Age when you became aware of your call to ministry _____
2. Describe your call to ministry (use additional paper if necessary): _____

MINISTRY-RELATED QUESTIONS

1. Are you a member of the Church of God? ☐ Yes ☐ No
Date united with the Church of God ____/____/____ If yes, where? _____
2. Are you consistent in church attendance? ☐ Yes ☐ No
3. Are you consistent in tithing to the church tithing fund? ☐ Yes ☐ No ☐ No Income
4. Are you consistent in giving offerings? ☐ Yes ☐ No ☐ No Income
5. Have you read the entire Bible? ☐ Yes ☐ No How many times? _____

(Reading the entire Bible before completing the CAMS For Students program is required.)

LIFE HISTORY QUESTIONS

Educational Background: (List location and degree received)

- ☐ Certificate In Ministerial Studies (CIMS) Certificate _____
- ☐ GED Diploma _____
- ☐ High School Diploma _____
- ☐ Hispanic Bible Institute Certificate _____
- ☐ Other Institute Certificate _____
- ☐ Technical School Certificate _____

Location and Degrees Received: _____

PERSONAL COMMITMENT TO THE CAMS For Students

In applying for CAMSFS, I confirm my belief in the doctrines of the Church of God as stated in the Declaration of Faith, the Church's Book of Discipline, and the Practical Commitments. I affirm that I have thoughtfully and honestly answered all questions and statements. If approved, I will wholeheartedly commit to the program.

Applicant Signature _____ **Date** _____

PARENTAL/GUARDIAN CONSENT

I affirm that I am the legal guardian of the above CAMSFS applicant and, as such, have the right to grant permission for participation in the Church of God Calling and Ministry Studies For Students program to be implemented under the South Georgia Church of God State Office and the local pastor's guidance.

Parent/Guardian Signature: _____ **Date** _____

(Applicants under 18 years of age are required to have a Parent/Guardian Signature)

PASTORAL APPROVAL

As the local church pastor, I hereby grant approval for _____, the above student, to participate in the South Georgia Church of God CAMSFS program.

Pastor Signature: _____ **Date:** _____