



**APOSTOLIC ASSEMBLY**  
**School of Pastors & Planters**  
**Application**

Returning Student

**1. Personal Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Will your wife be attending School of Pastors & Planters?  Yes  No  
If your wife is attending SOPP, her signature is required at the end of this document.

Number of Children: \_\_\_\_\_ Their Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Local Church: \_\_\_\_\_ District: \_\_\_\_\_

Current Pastor: \_\_\_\_\_ Bishop: \_\_\_\_\_

In what language do you prefer to receive the SOPP courses?  English  Spanish

In what language does your wife prefer to receive SOPP courses?  English  Spanish

Mark the box that best describes your place of residence.

- Large City (population 500,000)  Medium City (population 250,000)  
 Small City (population 100,000)  Town or Rural Area

**2. Ministerial Experience and Positions Held:**

Date of Initiation: \_\_\_\_\_ Date of Ordination: \_\_\_\_\_

Years as Minister: \_\_\_\_\_ Years as Co- or Assistant Pastor: \_\_\_\_\_

Are you a Cell Group Leader?  Yes (How many years? \_\_\_\_\_)  No

If called to pastor or plant a church are you willing to relocate?  Yes  No

If yes, how far? A National Missions City?  Yes  No

Another State?  Yes  No Within your state?  Yes  No

If No, please explain: \_\_\_\_\_

Have you ever held a pastoral position?  Yes  No

If yes, and you are no longer pastoring, why not?

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### 3. Education:

High School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Bible College Attended: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Secular College Attended: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

### 4. Additional Questions:

What are your Spiritual and/or Service Gifts? \_\_\_\_\_

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With which of the Five-Fold Ministries (Ephesians 4:11) do you identify most? \_\_\_\_\_

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What are your skills and abilities? \_\_\_\_\_

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Are you computer literate?  Yes  No

### 5. Other Requirements:

Please attach the following documents to your application:

- a. One year of your tithing report ending with the current month.
- b. A half page statement written by your wife expressing her views and feelings on potentially becoming a Pastor's or Cell Work Planter's wife (only for first-time participants).

**NOTE:** These courses are designed exclusively for Cell Work Planters, Future Cell Work Planters, Ministers, Assistant Pastors, Pastors and their wives. We are not equipped to attend to or accommodate children or anyone who is not enrolled to take the School of Pastors and Planters courses. Please do not bring your children. Thank you for your attention to this detail.

**6. Signatures:**

*I understand that applicants who successfully complete this training may be considered as potential pastoral and/or Cell Work Planter candidates. I further understand that selection to participate in, and successfully completing this training does not guarantee me a Pastoral or Cell Work Planter position.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Date

**Note to Pastor and Bishop:** Please make sure to review both the application form and all the attachments before signing. By signing, you are not committing the applicant to becoming a Pastor or Cell Work Planter, but only approving him to attend the School of Pastors & Planters. However, we do ask that you indicate on the options available here if this candidate is being sent because:

- The pastor is releasing him to plant a Cell Work in a neighboring town or city (could be in the same city) or to plant a Cell Work in National Missions.
- The pastor is sending the student for training and that he is returning to the local church to assist him in the implementation of the Strategy of Jesus.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bishop's Signature

\_\_\_\_\_  
Date

If you have any questions, please contact SOPP National Coordinator, Pastor Mike Ortega, at (903) 780-8216.

Thank you for your time in completing the application packet for the SCHOOL OF PASTORS & PLANTERS. Please mail Registration Fee of \$200.00 and the application by June 1, 2019 to the following address:

Apostolic Assembly – (Please make checks out to Apostolic Assembly)  
School of Pastors and Planters  
C/O Christian González  
5401 Citrus Ave  
Fontana, CA 92336

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
SOPP Bishop Signature

\_\_\_\_\_  
Date of Application Approval

\_\_\_\_\_  
SOPP Coordinator Signature

\_\_\_\_\_  
Date of Application Approval