## Date

## Type of Application:

I am requesting admissio	n to candidacy for:						
Commissioning <sup>1</sup>	] via the Commissior	ned Minister Training	Program and Curre	ent Ministry S	iite OR 🗌 via t	peing a curre	nt seminary student
Re-Commissioning <sup>2</sup>	* Changed my mir	nistry site within	last 90 days	within the las	t 12 months.		
	Former site		Date Departed	New site			Date to Begin
🗆 No ministi	ry site but seek to be						
Ordination $1 \& 3 \square $	via Divinity School Of	R 🗌 via Apprentice <sup>-</sup>	Track (see below)				
A. Economi or must l B. Linguisti C. Vocation D. Familial:	via Apprentice Track you c: Must have a total anr pe eligible for or receivi c: English is not the firs al: Must have served at Must have an immedia condition.	nual income at the date ng Section 8 housing a t language. least 10 years as a lice	e of application below and food stamps acco	w 150% of the ording to State ed minister in a	current, applical of Oklahoma gu a recognized mi	idelines.	
□ Transfer of Mini □ I am an ord	sterial Credentials <sup>4</sup> ained minister. De	nomination:					
<sup>4</sup> A minister ordaine <b>NOTE</b> : The step-by-step	erform ministry on behalf d by another denominatio process for candidacy may or The Order of Ministry p	n who wishes to transfer y be found in "The Journe	her/his credentials to t	he Christian Chu	urch (Disciples of	Christ).	nal Pastor as
Name:					Date of Birth:		Gender:
First Home Mailing Address:	Name M	iddle Name	Last Name	Suffix			
	Street/PO Box			City	DI	ST	Zip
Cell Phone:		_ Office Phone:		Hom	ie Phone:		
Email:		Marit	tal Status: 🗆 Single	□ Married S	pouse's Name: _		
Ministorial Informati						(Opti	onal)
Ministerial Informati			mplete if applicable.	)			
l am a member of this cong	regation:	Congregat	ion Name		City		ST
Church Address:							
Church Phone:	Street/PO Box	_ Church Email:	City		ST		Zip
Congregation where I am er in ministry (if different from	ngaged		ion Name			City	

Church Phone:	Church Email:	
Present Ministerial Position (if any):		
	Title	

City

Zip

ST

Church Address: \_\_\_\_

Church Phone: \_\_\_\_

Street/PO Box

Candidate Name	e:
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## Education

High School:				Graduation Date:
5	School Name, City, Stat	te		
College:			_ Degree Earned:	Graduation Date:
	Institution Name			
			Degree Earned:	Graduation Date:
	Institution Name			
			Degree Farned:	Graduation Date:
	Institution Name			
Work History				
Employer:		Title:		Date:
Employer:		Title:		Date:
Employer:		Title:		Date:
Employer:		Title:		Date:

Required Documents \*Not required if requesting to be Re-Commissioned.

Additional documents required in support of the application include:

- College and seminary transcripts (as applicable)
- Completed Ministerial Profile, which includes a criminal background check.
- Signed Ministerial Code of Ethics
- Letter of Reference from:
  - An elder of the congregation where you hold membership

## **Required Responses** \*Not required if requesting to be Re-Commissioned.

Please provide a typewritten response to the following questions (500 words or less for each question) and attach to your application.

Question #1. Tell us about your faith journey.

Question #2. Tell us about your understanding of God, Jesus Christ and the Holy Spirit.

Question #3. Tell us about your understanding of the church and specifically the Christian Church (Disciples of Christ).

Question #4. Tell us about your "call" to serve in ministry as a vocation or in a specific type of ministry.

Personal Disclosure Statement If any question below is answered Yes (including ex			
1. Have you ever been charged with or co	1. Have you ever been charged with or convicted of a felony? 🔲 Yes 🔲 No		
2. Have you ever been charged with or co	nvicted of any crime against children or other persons? 🛛 Yes 🗌 No		
3. Is there any other fact or circumstance guidance, and care of children or youth	in your background that should prevent you from being entrusted with the supervision, ?   Pes  No		
By signing below, I certify the information	provided above is accurate.		
Signature	Date		