



The Christian Church (Disciples of Christ) in Tennessee

ORDER OF MINISTRY APPLICATION FORM

NAME OF APPLICANT _____

PERMANENT ADDRESS _____

_____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____

CITY _____ ZIP _____ EMAIL _____

PHONE (H) _____ (C) _____

I hereby apply to the Commission on Ministry of the Christian Church (Disciples of Christ) in Tennessee for:

_____ Commission as a Lay/Student Minister

_____ Candidacy for Ordination

_____ Renewal of Standing

_____ Recognition of Ordination

By signing below, I am making application as indicated above. I attest that I have received the Guidelines and Procedures for Ministry in the Christian Church (Disciples of Christ) in Tennessee. I understand it is my responsibility to meet all requirements as indicated in the Guidelines and Procedures for Ministry. I give permission to the Christian Church in Tennessee to do a legal background check using my name and current address.

Signature of Applicant _____ Date _____

Sponsoring Congregation (if applicable) _____

All written materials must be received by the Christian Church (Disciples of Christ) in Tennessee before a meeting with the Commission on Ministry will be scheduled for the candidate. The Commission meets twice per year in Memphis, and twice per year in Nashville.

UNDER THE CARE OF THE COMMISSION ON MINISTRY: Submission of paperwork by a candidate is not equal to being Under Care. The initial visit determines the status of each candidate. In order for a candidate to be determined Under Care of the Commission on Ministry of The Christian Church (DOC) in Tennessee, a meeting must take place.

Submit application and all related documents via mail or email
(ATTENTION: Commission on Ministry)

The Christian Church (DOC)
in Tennessee
4006 Ashland City Highway
Nashville, TN 37218

regionaloffice@tndisciples.org
Questions? Ready to schedule a meeting? Email above or call the Regional Office: (615)646-3705

BIOGRAPHICAL INFORMATION

If more space is needed attach a sheet at end of this form.

GENERAL

Date this form completed _____

Place of Birth _____ Date of Birth _____ SSN _____

PROFESSIONAL DATA

Are you a member of the Christian Church (Disciples of Christ)? yes ___ no ___

If so, where and how long? _____

If you have been a member of another denomination, please indicate which one, where you were a member, and what years you were a member.

List congregations/Christian organizations to which (or for which) you have ministered, indicating position of service.

Have you ever followed an occupation other than ministry? If so, please indicate and give dates.

References: Please list names and address of four people who know you well including at least one minister, and please request letters of reference from them to be mailed to the address on the last page of this form.

MARITAL STATUS

If married, spouse's name and employment _____

Spouse's religious background _____

Previous marriages of yourself: Date of marriages(s) _____

Date terminated: _____ Terminated by: death ____ divorce ____

FAMILY DEPENDENTS

Minor dependent children at home; include name(s) and age(s)

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION	DATES OF ATTENDANCE From MO. YR. / to MO.YR	COURSE DESCRIPTION OR MAJOR
HIGH SCHOOL			
COLLEGE			
SEMINARY			
OTHER			

ACADEMIC AWARDS AND/OR HONORS

EMPLOYMENT HISTORY Give most recent experience first. Be sure that the addresses are correct. Use one line for each position.

EMPLOYED from MO.to yr.	NAME & LOCATION	TITLE OR POSITION	REASON FOR LEAVING

Have you ever been dismissed from any job? yes ____ no ____

If yes, for which job, and for what reason?

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes ____ No ____

BRANCH	SERVICE DATES FROM / TO	RANK	TYPE OF DISCHARGE	SPECIAL TRAINING

HEALTH INFORMATION

Rate your physical health (circle one):

Very Good Good Average Poor Declining

Physical health issues: _____

Do you have health insurance? _____

Emotional health issues: _____

Have you ever been treated or seen by a counselor or other mental health professional?

Yes No _____

LEGAL

Except for minor traffic violations, were you ever convicted of any violation of the law?

Yes No If yes, when? _____

Were you ever convicted of sexual misconduct? _____

YOUR INTEREST IN MINISTERIAL CAREER

YOUR CHURCH PARTICIPATION (X)	REGULAR	OCCASSIONAL	NEVER	LEADERSHIP ROLE / DESCRIPTION
Sunday Worship				yes no
Church School				yes no
Youth Fellowship				yes no
Choir				yes no
Summer Camp				yes no
Other				yes no

Any change in your religious life? Yes No

If yes, explain: _____

Describe your call to ministry: _____

Who influenced your decision to enter ministry and how? _____

To what area do you feel called? _____

What do you consider your gifts for ministry? _____

What are your educational plans for reaching your goal in ministry? _____

As you see yourself, list three of your most important or outstanding strengths and three of your weaknesses.

STRENGTHS	WEAKNESSES
1.	1.
2.	2.
3.	3.

How do you spend your leisure time?

Anything else you would like to share with the Commission about your call to ministry?

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