

Form No. I (To be completed by the applicant and presented to the consistory and, when appropriate, to the classis student care committee/classis).

**REGISTRATION OF INTEREST IN MINISTRY /
APPLICATION TO BE TAKEN UNDERCARE OF CLASSIS**

Personal

Name _____ Date of birth _____

Address _____

City _____ State/Province _____ Zip _____ E-Mail _____

Date of Birth _____ Birthplace _____

Marital Status ___Married ___Single ___Divorced ___Widowed

Spouse's name _____

Children (first name and age) _____

Date received into membership of this church: _____

Christian Autobiography

In order that we might gain understanding about you as a person, reflect on your life and share with us who you are and what your Christian experience has been. Your autobiography might include such things as: a brief account of your baptism; those persons, events, ideas, or values which are most significant in your life; information about your journey as a Christian and a person; what goals, hopes, strengths, and weaknesses you may have in serving the Lord. (Please type this sketch on supplementary sheets of paper.)

View of Ministry

1. Describe your present activities in the life and mission of the church. Please include any church offices to which you have been ordained.

2. Indicate the reasons for your interest in the ministry of Word and sacrament or describe your sense of call to that ministry.

3. What gifts do you believe you have for the ministry?

4. How have these gifts already begun to bear fruit in the church of Christ?

5. What do you believe are the most important tasks a minister performs?

6. In what aspect or form of Christian ministry are you interested at this time?

I respectfully request consistory to register me as interested in Christian ministry and ask for appropriate ministry experiences and the consistory's counsel as I explore this interest.

Signature: _____

Pastor's Statement

_____, who is a member of _____
Church, has talked with me about _____ interest in Christian ministry.

Signature _____ Date _____

(pastor)

If making application to be taken under care of classis, please complete the following:

Education

Name of College(s)	Dates	Degree	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____

Area	Dates	Degree
Graduate School _____	_____	_____
_____	_____	_____

Which seminary do you plan to attend? _____

If you plan to attend a non-RCA seminary, state the reasons for your choice.

Transcripts

Ask the college(s) to send transcripts of all your academic work to the chairperson of the classis Committee on Student Care and Supervision. (You may need to request the transcripts in writing.) They are to be reviewed by that committee before it submits to the classis its recommendation concerning you.

Occupational Experience

Please list your present and the last three positions you have held.

Employer	Nature of work	Dates
_____	_____	_____

List three people who would be willing to write a letter of reference for you (two should be supervisors of your work, if possible).

Name of reference

Address & Phone number

Health

Briefly describe your present state of health, explaining any recent illnesses, chronic disabilities, or use of medication:

I promise in reliance on the Grace of God to be diligent and faithful in making full preparation for Christ's ministry. I also promise to submit to the supervision of classis in matters that pertain to preparation.

Applicant's signature _____ Date _____