Form No. I (to be completed by the applicant and presented to the consistory and, when appropriate, the classis)

## REGISTRATION OF INTEREST IN MINISTRY & APPLICATION TO BE TAKEN UNDER CARE OF CLASSIS

Personal					
Name					
Address					
City				State/Province	Zip/Postal code
Email				Phone number	
Date of birth		Birthplac	ce		
Marital Status	Married	Single	Divorced	Widowed	
Spouse's name					
Children (first na	ame and age)				
Christian Autob	<b>iography</b> might gain ur	nderstandin	ng about you a		your life and share with us who night include such things as: a
information abo	ut your journe	y as a Chris	stian and a per		are most significant in your life; es, strengths, and weaknesses you eets of paper.)
View of Ministry	,				
1. Describe your which you hav			life and missio	n of the church. Plea	se include any church offices to
2. Indicate the r	reasons for yo	ur interest i	n the ministry	of Word and sacram	ent or describe your sense of call to

	(pastor)			<del></del>
Signature			_ Date	
nas taiked with the about	interest in Cliffs	aan miinstiy.		
has talked with me about				Church,
	<u>Pastor's</u>	<u>Statement</u>		
Signature			-	
ministry experiences and the co	onsistory's counsel as le:	xplore this interest.		
I respectfully request consistor			nistry and ask for approp	riate
6. In what aspect or form of Ch	nristian ministry are you	interested at this tin	ne?	
5. What do you believe are the	most important tasks a	minister performs?		
	,			
4. How have these gifts already	y begun to bear fruit in t	he church of Christ?	)	
or remaining the do you believe yo	ou have for the ministry?			

Education			
Name of College(s)	Dates	Degree	Major/Minor
Graduate School	Dates	Degree	Area
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 trans Student Care and Supervision. ( that committee before it submit	You may need to request the	e transcripts in writing.	.) They are to be reviewed by
Occupational Experience			
Please list your present and the	last three positions you have	e held.	
Employer	Nature	of work	Dates
List three people who would be work, if possible).	willing to write a letter of re	ference for you (two s	hould be supervisors of your
Name of reference	Address and phone	number	

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

## 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.

Signature \_\_\_\_\_ Date \_\_\_\_

I also promise to submit to the supervision of classis in matters that pertain to preparation.