

Reformed Church of America 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 UNDERCARE OF CLASSIS

Personal

Name: _____

Address: _____

City: _____

State/Province _____

Zip/Postal Code: _____

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	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dates Degree Area

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 two 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 _____