



APPLICATION FORM

CONFIDENTIAL INFORMATION

NOT BE SHARED OUTSIDE OF THE ORDINATION AND STANDING COMMISSION

FULL LEGAL NAME

HOW DO YOU PREFER TO BE ADDRESSED IN CONVERSATION?

RESIDENTIAL STREET ADDRESS

CITY

STATE

ZIP CODE

CELL PHONE

EMAIL

HOME PHONE

EMERGENCY CONTACT

RELATIONSHIP

CONTACT INFORMATION IF DIFFERENT FROM ABOVE

BIRTHDATE

CITY OF BIRTH

CURRENT MARITAL STATUS

NAMES AND AGES OF ANY CHILDREN

ANY SIGNIFICANT CHANGES IN YOUR FAMILY SYSTEM CURRENTLY OR ANTICIPATED IN THE NEXT 12 MONTHS?

CLARIFY YOUR PRESENT THINKING CONCERNING A CHURCH VOCATION:

- ☐ Giving it serious thought along with other vocations.
- ☐ Definitely interested but have not made a final decision.
- ☐ Definitely committed myself to a church vocation, but do not know what form of ministry.
- ☐ Giving serious thought to one or more of the following forms of ministry or church vocation:

<input type="checkbox"/> Pastoral Ministry	<input type="checkbox"/> Christian Education	<input type="checkbox"/> Youth
<input type="checkbox"/> Chaplaincy	<input type="checkbox"/> Campus Ministry	<input type="checkbox"/> Other
<input type="checkbox"/> Counseling	<input type="checkbox"/> Seminary/College Teaching	
<input type="checkbox"/> Community Ministry	<input type="checkbox"/> Music	

- ☐ Definitely discerned a call to the following specific field of ministry:

EDUCATION

COLLEGE	MONTH/YEAR OF GRADUATION	DEGREE/MAJOR
GRADUATE SCHOOL MAJOR AND/OR SEMINAR	MONTH/YEAR OF GRADUATION	DEGREE/MAJOR
GRADUATE SCHOOL MAJOR AND/OR SEMINAR	MONTH/YEAR OF GRADUATION	DEGREE/MAJOR
POST GRADUATE SCHOOL	MONTH/YEAR	DEGREE/CERTIFICATE

SPECIAL PROFESSIONAL TRAINING

TYPE	MONTH/YEAR	CERTIFICATION OR LICENSE
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SPIRITUAL DISCIPLINES

(PERFORMED AT LEAST . . .) A = ANNUALLY M = MONTHLY W = WEEKLY D = DAILY

PRAYER	BIBLE READING	MEDITATION	CONTEMPLATION
PERSONAL RETREAT	GROUP RETREAT	PEER GROUP	PERSONAL MISSIONAL ACTIVITY
DAY(S) OFF	VACATION	HOBBIES	SABBATICAL
SPIRITUAL DIRECTION		MEETING WITH MENTOR	OTHER:

CHURCH EXPERIENCE

LOCAL DISCIPLES CONGREGATION WHERE YOU ARE A MEMBER

CONGREGATION ADDRESS

CITY

STATE

ZIPCODE

DATE JOINED

NAME AND CONTACT INFORMATION FOR THE CONGREGATION'S MINISTER

NANE AND CONTACT INFORMATION FOR THE MODERATOR OR CHAIRPERSON

OFFICES AND LEADERSHIP ROLES YOU HAVE PERFORMED IN CONGREGATIONS

ROLE

CONGREGATION

DATES (YY—YY)

PRIOR LICENSING, COMMISSIONING, AND/OR ORDINATION IN ANOTHER DENOMINATION

WORK EXPERIENCE IN WIDER CHURCH MINISTRIES (DISCIPLES OR ECUMENICAL)

SUMMER CAMP/CONFERENCE EXPERIENCE

SPECIFIC SKILLS AND INTERESTS

(IF APPLICABLE)

CONGREGATION IN WHICH ORDINATION MAY BE HELD

CONGREGATION SERVING AS ORDINATION COUNCIL

ADDITIONAL INFORMATION

ETHNIC CODE

AFRICAN-AMERICAN ASIAN EUROPEAN DESCENT HISPANIC HAITIAN MIDDLE EASTERN
NATIVE AMERICAN PACIFIC ISLANDER OTHER

ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU?

I HAVE READ THROUGH THE THEOLOGICAL FOUNDATIONS AND POLICIES AND CRITERIA FOR THE ORDERING OF MINISTRY OF THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST)

I HAVE REVIEWED THE PROCESS FOR:

CANDIDACY FOR ORDINATION

RECOGNITION OF ORDINATION IN ANOTHER DENOMINATION

I AM INCLUDING AN AUTOBIOGRAPHICAL STATEMENT (MINIMUM 2 PAGES) OUTLINING MY SPIRITUAL AND MINISTERIAL FORMATION TO DATE AS WELL AS MY CURRENT CONTEXT FOR MINISTRY

I AM INCLUDING A SIGNED COPY OF THE LETTER FROM MY SPONSORING CONGREGATION ATTESTING TO THEIR SPONSORSHIP AND TO THE ACCURACY OF THIS APPLICATION

AS AN APPLICANT FOR

CANDIDACY FOR ORDINATION IN THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST)

RECOGNITION OF ORDINATION FOR SERVICE IN THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST)

I HEREBY ATTEST THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

CANDIDATE SIGNATURE

DATE

REMEMBER:

- **PRINT (CHOOSE "SAVE AS PDF" OPTION, SAVE, AND SEND WITH ACCOMPANYING DOCUMENTS TO Office@kcdisciples.org**
-

OFFICE USE

RECEIVED

FORWARDED TO ORDINATION AND STANDING COMMISSION