



CONNECT > SUPPORT > CELEBRATE
Christian Church (Disciples of Christ) of Greater Kansas City

THE ORDER OF MINISTRY APPLICATION FORM COMMISSIONED MINISTRY

Legal First Name of Candidate

Legal Middle Name

Legal Last Name

Street Address

City, State, Zip

Home Phone () -

Cell Phone () -

Work Phone: () -

Personal Email Address

Work Email Address

Ministry Email Address

Date of Birth (mm/dd/yy)

Marital Status

- Single**
- Married**
- Divorced**
- Widow/Widower**
- Other**

Name of the Ministry Organization where you are currently serving

Ministry Organization's Name

Ministry Organization's Minister's Name

Ministry Organization's Minister's Phone Number

Ministry Organization's Minister's Email Address

Ministry Organization's Moderator, Chair of the Board, or President's Name

Moderator, Chair of the Board, President's Phone Number

Moderator, Chair of the Board, President's Email Address

Your title at this Ministry Organization?

Your role at this Ministry Organization?

When did you begin serving in this role?

Was there a particularly memorable experience that led you to consider serving in ministry? (Describe)

What training have you received thus far to equip you for this ministry? (Attach additional information, if available)

What Leadership roles in a local congregation have you performed?

What level of education have you attained (Check all that apply)?

College

If Graduated, list year ?

If Graduated list Degree?

Graduate School

If Graduated, list year ?

If Graduated list Degree?

Seminary

If Graduated, list year ?

If Graduated list Degree?

Specialized Training

If Graduated, list year ?

If Graduated list Certification and/or Degree?

Describe the image of God in scripture.

Describe your daily personal spiritual practices.

Describe your immediate family

Having read through the welcome letter, what questions do you have regarding the process for seeking standing as a Commissioned Minister?

References

List three individuals along with their contact information who are most familiar with your ministry and character. By signing below, you are giving permission to the Commission Ministry Commission and/or the Christian Church (DOC) of Greater Kansas City Regional Staff to contact these references.

1. Name of Reference

Phone Number

Email Address

2. Name of Reference

Phone Number

Email Address

3. Name of Reference

Phone Number

Email Address

"By signing this document, I hereby apply for commissioning and consent to the release of all data concerning my application and related future correspondence to members of the Commissioned Ministers Commission."

Signature of Applicant (Required)

Date _____
(Required)

REQUIRED SIGNATURE(S)

Signature of Senior Minister of Sponsoring Congregation

Signature of Moderator/Chair of Board, or President of
Sponsoring Congregation

