APPLICATION FOR COMMISSIONED MINISTRY

To the Christian Church (Disciples of Christ) in Indiana Region:

On the basis of the facts given below, I request to be commissioned to serve as a minister of the Christian Church (Disciples of Christ) in Indiana. PLEASE NOTE: The commissioning process also requires that the church you are serving make written request that you be commissioned.

Personal Information

Name (please print)				Date				
Home Address								
	street		city	zip				
Phone ()		Birth date			Married: _	YES _	NO	
Email Address:								
If yes, give name of	wife/husband:							
Name and ages of ch	nildren:							
	of which you are a mem							
	of Minister (please print)							
	(r r							
street	city			phone				
	u will (or now) hold (pastities and responsibilities in					·	vide a –	
							_	
Name and Address of	of Chairperson of the Boa	ard of the Co	ngregation	n you wi	ill serve as a	a commis	sioned	
Name	Add	ress						
		stree	t c	city	zip			
	of Minister of the Congre		vill serve a	as a com	missioned 1	ninister (unless	
Name	Add							
		stree	t c	city	zip			
		-ove	r-					

Type of Commission requested (check one):	
Commissioned Student Minister	Commissioned Specialized Minister
Commissioned Congregation Minister	
Experience in local congregations (record offices or position)	ons held; give dates; use separate sheet if necessary).
Experience in Denomination and/or Interdenominational use separate sheet if necessary).	work (record offices held and services given, if any;
Summer camps and conferences (record any experience	of this kind, giving dates, names and places).
Your special interest or skill (please state the area(s) of interest, skills, or competence).	f church work in which you believe you have special
Miscellaneous (record any other experience or training to have a Commission for service in the church on a proj	