

## COMMISSIONED PASTOR (CP) TRAINING PROGRAM APPLICATION

Name: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Congregational Membership: \_\_\_\_\_

Year you joined this Congregation: \_\_\_\_\_

Year you were ordained a RE: \_\_\_\_\_

Describe your present activities in the life and mission of the church:

_____	_____
_____	_____
_____	_____

Past and Present Employment (title, nature of work):

_____	_____
_____	_____
_____	_____

Educational background: School and Location /Year Graduated /Degree Major/Minor

_____	_____
_____	_____
_____	_____

Limits: What factors may place limits on your ability to receive training, and to serve as a CP (such as physical disability, family situation, employment status, etc.)?

_____	_____
_____	_____
_____	_____

Please attach to this form to your response to the following question: "WHY WOULD I LIKE TO PARTICIPATE IN THE CP PROGRAM?"

NOTE: You should take this completed form, together with your "statement" (attached to this form) to your pastoral leader, or, if your congregation is without a pastoral leader, to your Moderator of Session. That person will talk with you about your interest in the CP Program, and with the help of the Clerk of Session, schedule a time for you to present your request to and be examined by your session. Following session approval, the pastor will then forward your application form and statement, along with a letter of reference to the CPM Moderator.