

## APPLICATION FOR ENROLLMENT OF A MINISTER FOR TEMPORARY SERVICE AND VALIDATION OF MINISTRY

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

Current Address: \_\_\_\_\_

Main phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

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

Endorsing congregation: \_\_\_\_\_

### *Limits of Validated Ministry*

The applicant requests validation of ministry to the above-named congregation for the following purposes:

- |   |  |
|---|--|
| <input type="checkbox"/> to preach and lead worship     | <input type="checkbox"/> to preside at the Lord's Table        |
| <input type="checkbox"/> to perform baptisms            | <input type="checkbox"/> to officiate at marriages & funerals  |
| <input type="checkbox"/> to moderate Session meetings * | <input type="checkbox"/> to moderate congregational meetings * |
| <input type="checkbox"/> to offer pastoral care         | <input type="checkbox"/> other (please specify)                |

\* The role of moderator may only be approved after a period of evaluation by a member of the Presbytery and the CTM.

### *Ministry Background*

Ordination Date \_\_\_\_\_ Ordaining Body \_\_\_\_\_

Contact information for Ordaining Body \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pastoral leadership of other congregations (add other lines as needed) Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List up to five areas of ministry leadership that are most significant to your sense of call to the role of Minister for Temporary Service. Include area of involvement, your role, and dates of service (add more lines as needed):

---

---

---

---

---

*Academic Information*

List the academic institutions you have attended, beginning with the most recent.

Institution	Year Completed	Major	Degree
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

*Civic Engagement*

Describe your participation in neighborhood, community, or other civic organizations or groups that you feel is significant to your ministry:

---

---

---

---

---

*Ministry References*

Please provide references of people who can reflect on your ministry.

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

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

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known this person and in what capacity? \_\_\_\_\_

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

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

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known this person and in what capacity? \_\_\_\_\_

*Questions for Reflection*

Please respond to the following questions (limit responses to 300 words per response).

1. What calls you to service with this congregation?
2. Describe your current spiritual practices and disciplines?
3. What gifts and talents do you bring to ministry and what are your areas of needed growth?
4. What do you see as being the most challenging aspects of your ministry at this congregation? The most rewarding?

**ATTACHMENTS**

Please attach:

1. a brief, personal statement of faith;
2. the proposed contract terms using the Presbytery's form found at \_\_\_\_\_.

By signing below, Applicant acknowledges and affirms that if approved for temporary validated ministry, Applicant:

- will be subject to the jurisdiction, order, and discipline of the Presbyterian Church (USA) as set forth in its Book of Order and interpretative decision of the Permanent Judicial Commission;
- will be expected to attend all Presbytery Assembly meetings as an enrolled member with voice and vote and, if unable to attend, to request an excused absence from the Stated Clerk of the Presbytery;
- will abide by the Presbyterian Church (USA) Standards of Ethical Conduct;
- will be limited to service in the Presbytery as set forth in ministry validation;
- will be serving temporarily on a one-year, renewable term upon Presbytery approval, which validation may be revoked at any time by the Presbytery on the same grounds as removal of a Presbyterian minister under a temporary relationship with a session.

This application is subject to Applicant's completion of the Safe Gatherings certification process or another Presbytery-approved process for the protection of children and vulnerable adults, completion of a psychological assessment by a Presbytery-approved consultant, and completion of a background check. **By signing below, the Applicant agrees that the results of these can be released to the Commission on Transitional Ministries to inform its decision on the application.**

**Applicant signature:** \_\_\_\_\_

**Date of signature:** \_\_\_\_\_

### SESSION ENDORSEMENT

We, the Session of \_\_\_\_\_ Presbyterian Church have reviewed the Applicant's application, have examined the person with regard to their motives for seeking this ministry, and have been made fully aware that the person intends to fulfill the validation process. We now endorse the Applicant for temporary, validated ministry and agree to support the Applicant and the Applicant's ministry during the approved term.

Clerk of Session signature: \_\_\_\_\_

Clerk of Session name printed: \_\_\_\_\_

Date of session action: \_\_\_\_\_

Return completed application and attachments by mail or email to:

Rev. Dr. Christian D. Boyd, Stated Clerk  
Presbytery of Milwaukee  
Suite 202, 6767 W. Greenfield Ave.  
Milwaukee, WI 53214  
[statedclerk@pbymilwaukee.org](mailto:statedclerk@pbymilwaukee.org)