

APPROVAL FOR SERVICE APPLICATION FORM

The United Methodist Church - South Carolina Conference
(Paragraph 346-348 2012 DISCIPLINE)

Full Name: _____ Date _____
Current Address _____ Zip _____
Phone: O () _____ Phone: H () _____ Cell: () _____
Email: _____
Denomination _____ Annual Conference _____

I. PERSONAL DATA:

Date of Birth _____ Place of Birth: _____
Current Marital Status _____ Spouse's Name _____
Children (ages) _____
Have you been Divorced: _____ If yes, state number of times & dates _____
Have you been rejected for Life Insurance: Yes _____ No _____
Have you been treated or under observation for mental or emotional disorder in hospital or other treatment facility: Yes _____ No _____
Have you been treated for alcohol or drug habit: Yes _____ No _____

Briefly describe your health and the health of your immediate family _____

Briefly indicate your operating financial profile:

Current Annual Income _____ Current Family Income _____
Current Indebtedness _____ Is this amount current in payment _____

II LIST YOUR EDUCATION ACCOMPLISHMENTS (SCHOOLS, DEGREES, DATES OF COMPLETION AND HONORS IF APPLICABLE. (INDICATE IF YOU ARE CURRENTLY ENROLLED IN SCHOOL):

_____ High School
_____ Bachelor of Arts or Science From: _____ Date: _____
_____ Master's Degree: Type: _____ From: _____ Date: _____
Type: _____ From: _____ Date: _____
_____ Doctorate Degree From: _____ Date: _____

III. PROFESSIONAL BACKGROUND: Have you been licensed, commissioned , or ordained by some organization? _____ Yes _____ NO

I am licensed by _____
Organization Date State

I am commissioned by _____
Organization Date State

I am ordained by _____
Organization Date State

Briefly describe your ministry with emphasis on leadership style, strengths, areas of desired growth and compatibility with personal goals. **(Attach additional sheet if required)**

List your work experience in chronological order beginning with current situation. In listing work experience indicate whether urban, suburban, rural, denomination and title of ministry. Briefly describe your ministry in each situation and give dates of each ministry. **(Attach additional sheet if required)**

Leaves of Absence, Sabbaticals, Disability Leaves, Other Assignments, Special Appointments, etc. Please specify with dates and specifics: **(Attach additional sheet if required)**

IV. STATE BRIEFLY THE REASON(S) FOR DESIRING SERVICE IN THE SOUTH CAROLINA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH. (Attach additional sheet if required)

V. LIST TITLE, NAME, ADDRESS, AND TELEPHONE NUMBER, EMAIL OF YOUR IMMEDIATE SUPERVISORS.

Name _____
Title _____
Office Phone (____) _____
Cell Phone (____) _____
Home Phone (____) _____
Email _____
Address: _____ Zip: _____

VI. TO BE COMPLETED BY YOUR IMMEDIATE SUPERVISOR:

To the best of your knowledge, do you concur with data presented on this application?

Yes ____ No ____

Do you personally recommend this applicant for ministry in the United Methodist Church?

Yes ____ No ____

Have you been provided a copy of the Approval for Service Reference Form? ____ Yes ____ No

SIGNATURE OF SUPERVISOR _____

TITLE: _____

VII. REFERENCES

PLEASE LIST 3 ADDITIONAL REFERENCES (include an employer and a personal reference)

Name _____
Title _____
Office Phone (____) _____
Cell Phone (____) _____
Home Phone (____) _____
Email _____

Name _____
Title _____
Office Phone (____) _____
Cell Phone (____) _____
Home Phone (____) _____
Email _____

Name _____
Title _____
Office Phone (____) _____
Cell Phone (____) _____
Home Phone (____) _____
Email _____

VIII. PLEASE ATTACH THE FOLLOWING

- A CURRENT PHOTO
- A PHOTOCOPY OF CERTIFICATE OF YOUR DEGREES, YOUR LICENSE TO PREACH AND/OR ORDINATION CERTIFICATE

IX. APPLICANT'S SIGNATURE _____

NOTE: By signing this form, the applicant grants permission to the SC Conference to have access to their personnel record & supervisory files where such records exist and consents to the SC Conference process.

Approval for Service Reference Form

The following is a reference form which will be considered by the Bishop and Cabinet of the SC Annual Conference. This form is confidential and will only be used by the Cabinet and the Office of Clergy Services. Please feel free to share honestly and openly. The candidate will not see this reference form.

SECTION I

Applicant's name: _____

Your name: _____

Relationship to applicant: _____

How long have you know the applicant? _____

SECTION II

Please rate the candidate on the following. Circle the number that applies.
(1-*needs improvement*; 2-*effective*; 3-very effective; 4-*no opportunity to observe*)

Preaching	1	2	3	4
Teaching	1	2	3	4
Pastoral care	1	2	3	4
Leadership	1	2	3	4
Spiritual Gifts	1	2	3	4
Relational skills	1	2	3	4
Theological Knowledge	1	2	3	4
Biblical Knowledge	1	2	3	4
Commitment to Call	1	2	3	4

SECTION III

Please share any additional information regarding this applicant:

Signature: _____

Date: _____

Please mail, email, or fax your reference form to:

The Office of Clergy Services
Attention: Coordinator of Clergy Services
4908 Colonial Drive
Columbia, SC 29203
Email: clergyServices@umcsc.org
Fax (803) 735-8777