

APPROVAL FOR SERVICE APPLICATION FORM

The United Methodist Church – South Carolina Conference
(¶ 346-347 | 2016 Book of Discipline)

Full name: _____ Date: _____
Current address: _____ ZIP code: _____
Home phone: _____ Office phone: _____
Cell phone: _____ Email address: _____
Denomination: _____ Annual conference: _____

I. PERSONAL INFORMATION

Date of birth: _____ Place of birth: _____
Current marital status: _____ Spouse's name: _____
Children (include ages): _____
Have you been divorced? Yes No
If yes, state number of times and dates: _____
Have you been rejected for life insurance? Yes No
Have you been treated or under observation for mental or emotional disorder in a 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: (The space below is limited, but you may attach additional description in a separate Word document.)

Briefly indicate your operating financial profile:

Current annual income: _____ Current family income: _____
Current indebtedness: _____ Is this amount current in payment? Yes No

II. EDUCATIONAL INFORMATION

List your education accomplishments, including schools, degrees, dates of completion and honors, if applicable. Indicate if you are currently enrolled.

High school: _____ School: _____ Date: _____ Now enrolled
Bachelor's degree: Type: _____ School: _____ Date: _____
Master's degree: Type: _____ School: _____ Date: _____
Doctoral degree: Type: _____ School: _____ Date: _____

III. PROFESSIONAL INFORMATION

Have you been licensed, commissioned or ordained by an organization? Yes No

I am licensed by: _____ Date: _____ State: _____
(Organization)

I am commissioned by: _____ Date: _____ State: _____
(Organization)

I am ordained by: _____ Date: _____ State: _____
(Organization)

Briefly describe your ministry, with emphasis on leadership style, strengths, areas of desired growth and compatibility with personal goals: (The space below is limited, but you may attach additional description in a separate Word document.)

List your work experience in reverse chronological order, beginning with your current situation. For each experience, indicate urban, suburban or rural setting; denomination and title of ministry. Briefly describe your ministry in each situation and give dates of each: (The space below is limited, but you may attach additional description in a separate Word document.)

List any leaves of absence, sabbaticals, disability leaves, other assignments, special appointments, etc. Specify dates and details. (The space below is limited, but you may attach additional description in a separate Word document.)

IV. REASON(S) FOR DESIRING SERVICE

State briefly your reason(s) for desiring to serve in the South Carolina Annual Conference of the United Methodist Church: (The space below is limited, but you may attach additional description in a separate Word document.)

V. YOUR IMMEDIATE SUPERVISOR

Provide your immediate supervisor with an [Approval for Service Reference Form](#).

Supervisor's name: _____ Title: _____
Address: _____ ZIP code: _____
Office phone: _____ Cell phone: _____
Home phone: _____ Email address: _____

VI. TO BE COMPLETED BY YOUR IMMEDIATE SUPERVISOR

To the best of your knowledge, do you concur with the information 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

Please submit reference form to clergy@umcsc.org or to Office of Clergy Services, 4908 Colonial Drive, Columbia, SC 29203

Supervisor's signature: _____

Supervisor's title: _____ Date: _____

VII. REFERENCES

List three references in addition to your current supervisor (at least one employer and at least one personal reference) and provide each of them with an [Approval for Service Reference Form](#). Ask each reference to complete the form and email it to: clergyservices@umcsc.org.

Or mail it to: Office of Clergy Services
4908 Colonial Drive
Columbia, SC 29203

Reference name: _____ Title: _____
Office phone: _____ Cell phone: _____
Home phone: _____ Email address: _____

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Office phone: _____ Cell phone: _____
Home phone: _____ Email address: _____

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Office phone: _____ Cell phone: _____
Home phone: _____ Email address: _____

VIII. ATTACHMENTS

Please include the following with your application:

- A current photo of yourself
- Photocopies of all degrees and certificates
- Photocopies of your license to preach and your ordination certificate (if applicable)

IX. APPLICANT’S SIGNATURE: _____

By signing this form, the applicant grants permission to the South Carolina Conference to access her/his personnel record and supervisory files, where such records exist, and consents to the South Carolina Conference process.

SUBMIT THIS FORM AND ALL ATTACHMENTS TO: clergyservices@umcsc.org or to the Office of Clergy Services, 4908 Colonial Drive, Columbia, SC 29203