



South Carolina Conference

The United Methodist Church

APPROVAL FOR SERVICE APPLICATION

For use by Clergy from other denominations
wishing to serve SC UMC Congregations
(¶ 346-347 | 2016 Book of Discipline)

Full name: _____ Date: _____
Current address: _____ ZIP code: _____
Email address: _____ Home phone: _____
Office phone: _____ Cell phone: _____
Denomination (& Conference if Applicable): _____

I. PERSONAL INFORMATION

Date of birth: _____ Place of birth: _____
Current marital status: _____ Spouse's name: _____
Children (include ages): _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Have you been divorced? _____
If yes, state number of times and dates: _____
Have you been rejected for life insurance? _____
Have you been treated or under observation for mental or emotional disorder in a hospital or other treatment facility? _____
Have you been treated for alcohol or drug habit? _____
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. 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: _____	School: _____	Date: _____
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? _____

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. REFERENCES: Provide the names and contact information for one immediate and most recent supervisor, and three references (not related to you). You will be asked to have these persons submit a reference form on your behalf. This information will allow us to follow up with your references.

Supervisor Name: Title:

Email address: Home phone:

Office Phone: Cell phone:

Reference Name: Title:

Email address: Home phone:

Office Phone: Cell phone:

Reference Name: Title:

Email address: Home phone:

Office Phone: Cell phone:

Reference Name: Title:

Email address: Home phone:

Office Phone: Cell phone:

VI. ADDITIONAL INFORMATION: Please submit the following to the Office Clergy Services by email: clergyservices@umcsc.org. Your application will not be considered complete without the following items.

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

VII. 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.

Signature: Date: