



Approval for Service Application

Clergy Services | South Carolina Conference | The United Methodist Church

For use by Clergy from other denominations wishing to serve SC UMC Congregations (§ 346, 2020/2024 Book of Discipline)

Date: _____

Full Name: _____
(Must include first, middle, last and suffix)

Address: _____

City: _____ State: _____ ZIP code: _____

Email address: _____ Phone: _____

Denomination: _____
(Include the name of any synod, dioceses, district or regional body associated with your denominational affiliation.)

I. PERSONAL INFORMATION

Date of birth: _____ Place of birth: _____

Current marital status: _____ Spouse's name: _____

| | | |
|-----------------|------------|-----------------------|
| Children: _____ | Age: _____ | Lives with you? _____ |
| _____ | Age: _____ | Lives with you? _____ |
| _____ | Age: _____ | Lives with you? _____ |
| _____ | Age: _____ | Lives with you? _____ |
| _____ | Age: _____ | Lives with you? _____ |

List any other relevant dependents and their relationship (indicate if they live with you):

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 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: _____ Date Completed: _____

Bachelor's degree: School: _____ Major: _____

Type of degree: _____ Date Completed: _____

Master's degree: School: _____

Type of degree: _____ Date Completed: _____

Doctoral degree: School: School: _____ Area of Study: _____

Type of degree: _____ Date Completed: _____

Other degrees (list school name, degree awarded, and date completed):

Academic Awards (list academic awards worth noting. This is optional):

III. PROFESSIONAL INFORMATION

Have you been licensed, commissioned or ordained by an organization? _____

I am licensed by: _____ Date: _____ State: _____
(Organization/Denomination/Institution)

I am commissioned by: _____ Date: _____ State: _____
(Organization/Denomination/Institution)

I am ordained by: _____ Date: _____ State: _____
(Organization/Denomination/Institution)

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 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 Reference Name: _____ Title: _____

Email address: _____ Phone: _____

(please share the Supervisor Reference form link with the person named above: www.pdf.ac/1x6Eui)

Reference #1 Name: _____ Title: _____

Email address: _____ Phone: _____

Reference #2 Name: _____ Title: _____

Email address: _____ Phone: _____

Reference #3 Name: _____ Title: _____

Email address: _____ Phone: _____

(please share the General Reference form link with the persons named above as Reference #1, #2 & #3: www.pdf.ac/1yjytX)

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 (diplomas or transcripts)
- 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: _____

Return completed application to: Office of Clergy Services, 4908 Colonial Drive,
Columbia, SC 29203 (ClergyServices@umcsc.org).