

## MISSISSIPPI CONFERENCE OF THE UMC

### 2012 CANDIDATE FOR ASSOCIATE MEMBER PACKET CONTAINS:

Item Description	GBHEM Form # or Rev. Date	NOTE	Candidate Method for Submitting to Office of Ministerial Services:
Customized Checklist for Forms/Material Due Dates	Rev. 10/2011	Sample included in this PDF file; personalized list will be mailed to candidate	
Application for Clergy Relationship to the Annual Conference	105/2009	Included in this PDF file for information only	Complete Form in Pathways
Biographical Information Form	102/2009	Included in this PDF file for information only	Complete Form in Pathways
Clergy Behavioral Policy	2005 Policy, rev. 09/2009	Included in this PDF file	
Clergy Behavioral Letter of Understanding		Included in this PDF file	Mail notarized form to Office of Ministerial Services
Candidate's Disclosure Form	114/2009	Included in this PDF file	Mail notarized form to Office of Ministerial Services
Background/Credit Check Consent Form	Rev. 07/28/10	Included in this PDF file for information only	Complete Form in Pathways
Medical Report	103/2009	Included in this PDF file	Mail completed forms to Office of Ministerial Services
Undergraduate Recommendation Form	Rev. 09/2009	Included in this PDF File	Candidate provides form to Faculty who completes and mails to Office of Ministerial Services
Written Material and Sermon Specifications	Rev. 10/2011	Included in this PDF file	
Sermon Background Information Sheet	Rev. 09/2009	Included in this PDF file for information only	Complete Form in Pathways



## **Associate Member Checklist for Board of Ministry Interviews (Additional Explanation for Selected Forms)**

### **Clergy Behavioral Letter of Understanding**

Must be notarized and candidate is to retain a copy of the policy for his/her file. If you do not live in Mississippi, you may have this form notarized in the state in which you reside.

### **Candidate's Disclosure Form (Form 114/2009)**

Must be notarized and candidate is to retain a copy of the policy for his/her file. If you do not live in Mississippi, you may have this form notarized in the state in which you reside.

### **Medical Report (Form 103/2009)**

The physical must have been within the last year and include all that is on the Medical Form 103. Part I is completed by the resident and Part II is completed by candidate's health provider. Note: A mammogram should be scheduled if you are of the recommended age for this screening. All costs and insurance filing are the responsibility of the candidate.

### **College Transcript**

Ministerial Services must receive official undergraduate transcript (showing at least 60 hrs) issued directly from a University Senate Approved institution. Checklist will indicate if this is required.

### **Current Psychological Evaluation**

The checklist will indicate if a current evaluation is required. Resident will be responsible for setting an appointment with the designated psychologist shown on a separate insert with checklist. This needs to be completed as soon as possible, so the psychologist will have time to submit a report to us by January 17<sup>th</sup>, the final deadline for material submission. The psychologist will discuss with you the content of the report, but you will not receive this evaluation, which is the property of the Mississippi Conference of the UMC. The conference will incur the cost of the evaluation and the psychologist will bill directly to Ministerial Services.

### **College Recommendation Form**

Submit a copy of this form to your faculty advisor or another faculty member of the school for completion. The school representative is to return completed form to Ministerial Services.

**THE UNITED METHODIST CHURCH  
APPLICATION FOR CLERGY RELATIONSHIP TO THE ANNUAL CONFERENCE**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ School or Office Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Being fully persuaded that God has called me to be a minister of the gospel of the Lord Jesus Christ, I hereby request affirmation of that call by The United Methodist Church through the granting of a clergy relationship to the annual conference. The relationship for which I am applying is

- \_\_\_\_\_ Local Pastor
  - \_\_\_\_\_ Part-time
  - \_\_\_\_\_ Full-time
- \_\_\_\_\_ Associate Membership
- \_\_\_\_\_ Provisional Membership
- \_\_\_\_\_ Deacon in Full Connection
- \_\_\_\_\_ Elder in Full Connection

At the same time that I am applying for this relationship to the annual conference, I am also applying for

- \_\_\_\_\_ License for Pastoral Ministry
- \_\_\_\_\_ License for Ministry of the Deacon
- \_\_\_\_\_ Ordination as a Deacon
- \_\_\_\_\_ Ordination as an Elder
- \_\_\_\_\_ Recognition of orders granted by another denomination

Signature \_\_\_\_\_ Date \_\_\_\_\_

An application for membership in full connection is to be sent to the registrar of the Board of Ordained Ministry.

An application for license as a local pastor, associate membership, or provisional membership is to be sent both to the district committee and Board of Ordained Ministry.

**Information on required documentation is located on the reverse side of this page.**

(Note to MS Conference candidates: Refer to MS Conference-issued customized checklist for required documentation.)

## **Documentation to be examined along with this Application for Clergy Relationship to the Annual Conference**

### License for Pastoral Ministry (§315)

1. All documentation for candidacy certification
2. Report of the faculty of the licensing school or transcript from an approved school of theology indicating credit for one-third of the M.Div.
3. Biographical Information Form (Form 102)
4. Medical Information Form (Form 103)
5. Notarized statement concerning any criminal behavior, criminal background and credit checks
6. Psychological assessment report and any other information required by the Board of Ordained Ministry

### Associate Membership (§322)

1. Transcript from the Course of Study for Ordained Ministry
2. College transcript with 60 semester hours credit or equivalent
3. Annual reports from a clergy mentor
4. Recommendation of the district superintendent
5. Biographical Information Form (Form 102)
6. Medical Information Form (Form 103)
7. Notarized statement concerning any criminal behavior, criminal background and credit checks
8. Psychological assessment report and any other information required by the Board of Ordained Ministry

### Provisional Membership (§324)

1. College transcript indicating a bachelor of arts degree or its equivalent as determined by the Division of Ordained Ministry
2. Seminary transcript indicating completion of half of the MDiv, including one-half of the basic graduate theological studies or Course of Study transcript indicating completion of five year Course of Study and 32 semester hours of graduate theological study or its equivalent through the Advanced Course of Study
3. Annual reports of the clergy mentor
4. Recommendation of the district superintendent
5. Biographical Information Form (Form 102)
6. Medical Information Form (Form 103)
7. Notarized statement concerning any criminal behavior, criminal background and credit checks
8. Psychological assessment report and any other information required by the Board of Ordained Ministry

### Membership in Full Connection (§§330, 335)

1. Reports of the clergy mentor
2. Recommendation of the district superintendent
3. Biographical Information Form (Form 102)
4. Medical Information Form (Form 103)
5. Written responses to doctrinal questions (where required)
6. Psychological assessment and other information as determined by the Board of Ordained Ministry (optional)

### Recognition of Orders

1. Certificate of Ordination
2. College transcript
3. Seminary transcript

## THE UNITED METHODIST CHURCH BIOGRAPHICAL INFORMATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ School or Office Phone (\_\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ E-mail \_\_\_\_\_

Ethnic Origin: Asian \_\_\_\_\_ African American/Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Other: \_\_\_\_\_  
Native American \_\_\_\_\_ Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Local Church \_\_\_\_\_ City/State \_\_\_\_\_

Conference \_\_\_\_\_ District \_\_\_\_\_

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

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

Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

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

<u>Your Educational Background</u>	<u>Dates Attended</u>	<u>Degree or Credit Hours</u>
------------------------------------	-----------------------	-------------------------------

High school _____	_____	_____
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College _____	_____	_____
---------------	-------	-------

Graduate School _____	_____	_____
-----------------------	-------	-------

Theological Seminary _____	_____	_____
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Course of Study for Ordained Ministry Yr.1 \_\_\_\_\_ Yr.2 \_\_\_\_\_ Yr.3 \_\_\_\_\_ Yr.4 \_\_\_\_\_ Yr.5 \_\_\_\_\_

Advanced Course of Study: \_\_\_\_\_ Semester Hours Credit \_\_\_\_\_

Marital Status: Single, never married \_\_\_\_\_ Married, in first marriage \_\_\_\_\_ Married, in second or more \_\_\_\_\_  
Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If married, spouse's name \_\_\_\_\_ Birth date \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Your children, if any:

Name of child	Date of Birth	Sex	Education
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_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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Dependents in addition to your spouse and children:

Name of child	Date of Birth	Sex	Education
_____	_____	_____	_____
_____	_____	_____	_____

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

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

Your childhood family and other significant relatives:

Name	Relation	Age	Sex	Education	Marital Status	Occupation
_____	<u>Father</u>	_____	_____	_____	_____	_____
_____	<u>Mother</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any.

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

Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church? Yes \_\_\_ No \_\_\_

If Yes, what Conference? \_\_\_\_\_

Conference Relationship	Indicate Date	Indicate Date
Consecrated Diaconal Minister	_____	Probationary Member _____
License as a Local Pastor	_____	Deacon in Full Connection _____
Associate Member	_____	Elder in Full Connection _____

Have you had a change in clergy relationship with a conference of The United Methodist Church? Yes \_\_\_ No \_\_\_

If Yes, what Conference? \_\_\_\_\_

Change in Conference Relationship	Indicate Date	Indicate Date
Discontinuance	_____	Location _____
Leave of Absence	_____	Retirement _____
Disability Leave	_____	Withdrawal _____
Termination by action of the annual conference	_____	

\*\*\* **Note** \*\*\* If additional space is needed, please use a separate sheet of paper and attach to this form.

# MISSISSIPPI CONFERENCE

## CLERGY BEHAVIORAL POLICY

Adopted June 2005

### POLICY ON PROFESSIONAL SEXUAL MISCONDUCT

#### I. PURPOSE

A church professional (see definition in III.E.) is in a position of great trust, power, and responsibility. This provides the opportunity for unique relationships of grace and caring. Church professionals sometimes violate the trust given them. Sexual misconduct is one of the gravest violations of this trust.

This policy seeks to address the abuse of power by all church professionals, both men and women, who engage in sexual misconduct.

The intent is to provide guidance to both laity and clergy of the Annual Conference and the local church regarding sexual misconduct.

It is both the ethical and legal responsibility of the Annual Conference to ensure that there are mechanisms for addressing grievances in matters of sexual misconduct.

This policy, which includes procedures for complaints, will serve to guard against inappropriate behavior and will outline a means for handling grievances should sexual misconduct occur.

#### II. THEOLOGICAL FOUNDATION

All persons are created by God. In the Genesis stories, as in the life, death and resurrection of Jesus, it is affirmed that we are created in the image and likeness of God. God values human life, intending all women, men and children to have worth and dignity in all relationships with God and others. God calls us into covenant with each other in God. We are one connected body, holy in Christ, created equal. Where one part of the body is injured, physically, emotionally or spiritually, the entire body is rendered less than God's intended wholeness. We are called to use our bodies, including our sexuality, in a responsible way. Sexual misconduct of any kind violates a person's integrity and is an unjust use of status and power, and a sinful behavior against God and one another. The United Methodist Book of Resolutions (1996, p. 481) states:

*“Jesus was sent into this world that we might experience whole relationship with each other and God. `There is neither Jew nor Greek, there is neither slave nor free, there is neither male nor female, for you are all one in Christ Jesus’ (Galatians 3:28 RSV).”*

One who repents for sinful behavior is promised forgiveness. However, discipline should be distinguished from forgiveness. A church professional guilty of sexual misconduct needs and may receive forgiveness and be offered avenues for redemption and change. And yet, the church must still take steps to protect the people of God.

### III. DEFINITIONS

- A. Sexual misconduct occurs when a church professional engages in sexual contact or sexualized behavior with a congregant, client, employee, student, staff member or other person (adult, teenage or child) within the professional relationship, or misuses the professional relationship in unwanted behavior with any individual. Sexual misconduct includes sexual harassment and any form of criminal sexual conduct. Sexual misconduct includes inappropriate use of electronic communication (i.e. email, voice mail, Instant Messaging, internet websites) and any deliberate access of pornographic internet sites for the purpose of sexual gratification.
- B. Sexual Harassment is any unwanted sexual advance or demand, either verbal, or physical, which is perceived by what a reasonable person of the same sex as the accuser would perceive as demeaning, intimidating or coercive under the same or similar circumstances. “Sexual harassment must be understood as an exploitation of a power relationship rather than as an exclusively sexual issue. Sexual harassment includes, but it not limited to, the creation of a hostile or abusive working environment resulting from discrimination on the basis of gender.” (2004 *The Book of Discipline*, ¶161,1) Sexually oriented humor or language, inappropriate questions or comments about sexual behavior or preference, unwelcome or undesired physical contact, inappropriate comments about clothing or physical appearance, or repeated requests for social engagements are sexual harassment in a situation where there is an employment, mentor, or colleague relationship between the persons involved.
- C. Complainant is a person who communicates a concern regarding alleged sexual misconduct.
- D. Grievant is a person who submits a written allegation of sexual misconduct. A grievant may be a parent or responsible party for a minor or an adult incapable of self-reporting.
- E. For the purposes of this policy, a church professional is a clergy person, diaconal minister, or local pastor whose appointment is set by the Bishop.

### IV. ETHICS RESPONSE TEAMS

- A. The purposes of the response teams:
  - 1. To provide support to the complainant, the accused, and the congregation affected by allegations or incidents of misconduct.
  - 2. To provide the complainant with a safe, non-threatening environment within the church family in which he/she can reveal allegations of misconduct and receive support, compassion, and direction.
  - 3. To provide support, compassion, and direction for a person accused of misconduct.
  - 4. To offer congregations affected by incidents of misconduct support and recommendations regarding care and healing for their community and the individuals and families involved.
  - 5. To offer information about the misconduct policy to persons who are referred to the response team.
- B. The makeup of the response teams:
  - 1. A response team or teams may be named by the Bishop.
  - 2. A response team may consist of three or more persons who are sensitive to issues of sexual harassment, misconduct and abuse. A team may include church professionals (clergy or diaconal), mental health professionals and lay persons. Members of a support team may be chosen from within and beyond the Mississippi Annual Conference.

3. Training on issues of misconduct shall be available and the names of persons receiving such training shall be made available to the Bishop. Such training shall be the responsibility of those to whom the Bishop assigns said responsibility.

C. Structure and Function

1. A team may be instructed by the Bishop to respond to the needs of any or all of the following: complainant or grievant, the accused professional, the congregation.
2. A team will:
  - a. explain the procedures available within the structures of the church for dealing with the problem;
  - b. offer resources and consultation to the accused professional, the complainant and/or the congregation and assist in any appropriate manner;
  - c. encourage the person making the allegation to keep a diary listing time, place, and nature of the offenses;
  - d. support the person if they choose to submit a written grievance;
  - e. accompany the person to meetings with the church authorities if he/she desires it.

**V. PROCEDURES FOR REPORTING AND RESPONDING TO COMPLAINTS OF MISCONDUCT**

- A. Anyone who desires to discuss a concern regarding misconduct may contact their pastor, another United Methodist clergy person, a district superintendent, the Bishop, or a person trained to function as a member of a Sexual Ethics Support Team.
- B. The provisions of Paragraphs 361, 413 and 2702-2706 of THE BOOK OF DISCIPLINE (2008) shall determine the procedure.
- C. When an allegation of misconduct is subject to mandatory reporting requirements by the state (as in the case of a minor or an adult incapable of self-reporting), it shall be reported to the Bishop, and to the appropriate authorities and agencies.
- D. When appropriate the Bishop may utilize the services of one or more of the Ethics Response Teams.

**POLICY ON PROPERTY & MATERIALS USAGE**

Business Communication systems are property of the Mississippi Conference, District Offices, Local Churches, and institutions and agencies of The United Methodist Church. Use of all property including postage meter, facsimile, copying machines, computers and/or cellular phones will be for business purposes.

Use of electronic mail and voice mail are property of the employer, and as such, neither is to be considered confidential. It is important to remember that when an e-mail or voice mail message has been deleted from a location, it is still possible to retrieve and read the message. The employer reserves the right to access and to read any and all information contained in computers, on computer disks, in computer files, e-mail messages, Instant Messages, and/or voice mail messages. Anyone who knowingly sends, receives, or accesses discriminatory, harassing, or otherwise inappropriate e-mails or voice mails will be in violation of the employer's harassment and discrimination property and usage policies and may be subject to corrective action.

## Letter of Understanding

I have read the Clergy Behavioral Policy of the Mississippi Conference of the United Methodist Church and understand these policies.

As a licensed and/or ordained minister in the United Methodist Church, I hereby declare that I will uphold and live by the principles set forth in this document.

I understand that it is my responsibility to live up to the highest moral standards considering the leadership role that I have in the church.

Date \_\_\_\_\_ Signed \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned authority in and for the above county and state, \_\_\_\_\_ has personally appeared and has satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that \_\_\_he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

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Date Commission Expires: \_\_\_\_\_



(Complete this form in [www.pathwaystoministry.com](http://www.pathwaystoministry.com) Do not mail.)

## Mississippi Conference of the United Methodist Church Background Investigation Consent Form

I, (print name) \_\_\_\_\_ do authorize the Mississippi Conference of the UMC to make an investigation of my background, references, character, past employment, criminal records, my motor vehicle records and financial records, for the purpose of confirming the information contained on my application. I understand this authorization extends to the obtaining of information which may be material to my qualifications for employment.

I release the Mississippi Conference of the UMC and Trak-1 Technologies from any and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

1. Are you legally authorized to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEASE PRINT ALL INFORMATION:** UMC District: \_\_\_\_\_

Full Name \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Maiden Name or other Names Used \_\_\_\_\_

Present Street Address \_\_\_\_\_

City/State/Zip Code/County \_\_\_\_\_

Length at Time at Present Address \_\_\_\_\_

Former Street Address \_\_\_\_\_

City/State/Zip Code/County \_\_\_\_\_

Length at Time at Former Address \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Present Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Position \_\_\_\_\_

Dates Employed (month/year) FROM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Supervisor \_\_\_\_\_ Okay to Contact \_\_\_\_\_ YES \_\_\_\_\_ NO

**Mississippi Conference UMC Background Consent Form (Continued)**

**PREVIOUS TWO EMPLOYERS (Do not list schools or positions with the United Methodist Church):**

Previous Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Position \_\_\_\_\_

Dates Employed (month/year) FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_

Supervisor \_\_\_\_\_ Okay to Contact \_\_\_\_\_ YES \_\_\_\_\_ NO

Previous Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Position \_\_\_\_\_

Dates Employed (month/year) FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_

Supervisor \_\_\_\_\_ Okay to Contact \_\_\_\_\_ YES \_\_\_\_\_ NO

By signing below, I do acknowledge the material contained above to be true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Printed Name and Date

**THE UNITED METHODIST CHURCH  
MEDICAL REPORT OF MINISTERIAL CANDIDATE**

Mail completed form (Part I and Part II) to: Office of Ministerial Services, PO Box 1147, Jackson, MS 39215-1147

**Part I: MEDICAL HISTORY REPORT** *To be completed by the candidate.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

E-mail \_\_\_\_\_

Marital Status: Single, never married \_\_\_\_\_ Married, in first marriage \_\_\_\_\_ Married, in second or more \_\_\_\_\_  
Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Number of children \_\_\_\_\_

1. Check if you have ever had:
- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Peptic ulcer        | <input type="checkbox"/> Tuberculosis    |
2. Check if any member of your family has ever had:
- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Peptic ulcer        | <input type="checkbox"/> Tuberculosis    |

Explain \_\_\_\_\_

3. What vaccinations or inoculations have you had? Give dates. \_\_\_\_\_

4. Have you ever had an electrocardiogram? If so, give date and attending physician: \_\_\_\_\_

5. Have you ever had a serious accident or operation? Explain. \_\_\_\_\_

6. Have you any impairment of sight?  Yes  No Hearing?  Yes  No

7. If your weight has changed in the past two years, state approximate loss/gain. \_\_\_\_\_

8. Have you ever been rejected for life insurance?  Yes  No

9. Have you ever received treatment for alcohol or drug habit?  Yes  No

10. Do you smoke?  Yes  No If yes, how long? \_\_\_\_\_ How much? \_\_\_\_\_

11. Have you ever been under observation or treatment in any hospital or sanitarium for a physical or nervous condition?  
 Yes  No Explain \_\_\_\_\_

**The above statements are true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE UNITED METHODIST CHURCH  
COLLEGE RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_

Annual Conference: \_\_\_\_\_

College: \_\_\_\_\_

**INSTRUCTION TO THE APPLICANT**

1. Submit a copy of this form to your faculty advisor or another faculty member of the school for completion and return to the Registrar for the Board of Ordained Ministry.
2. Authorize the release of information by signing the Release of Information on each copy.

**RELEASE OF INFORMATION:**

I hereby authorize release of the information requested to the Registrar of the Board of Ordained Ministry listed below. Recognizing the confidential nature of this recommendation,

\_\_\_\_\_ I **DO** waive all rights of access to this report without the written consent of the person providing the information.

\_\_\_\_\_ I **DO NOT** waive all rights of access to this report without the written consent of the person providing the information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTION TO THE SCHOOL REPRESENTATIVE**

1. The Board of Ordained Ministry is interested in any personal insights you can provide with regard to the candidate in the following areas:
  - a. Academic ability and performance
  - b. Personal qualities and character
2. Use the space provided on the back of this form for your comments and recommendations.
3. Attach any additional comments or reports you believe will be helpful in the decision-making process.
4. Return this form and all attachments directly to the following individual by January 17, 2012:

Reverend Lisa Garvin  
Mississippi Conference Board of Ordained Ministry  
P. O. Box 1147  
Jackson, MS 39215

**RECOMMENDATION OF SCHOOL**

The Board of Ordained Ministry is interested in any personal insights you can provide with regard to the candidate in (1) academic ability and performance, and (2) personal qualities and character.

Recommendation Submitted By: \_\_\_\_\_

Signature: \_\_\_\_\_

School Position: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

**Mississippi Conference of the UMC  
Associate Membership  
Written Material and Sermon Specifications**

Specifications are provided for these sections:

- I. Bible Study
- II. Theological Questions
- III. Sermon Manuscript and Digital Video

***Material must be submitted through Pathways to Ministry, [www.pathwaystoministry.com](http://www.pathwaystoministry.com):***

Documents should be named in the following format:

- Bible Study\_First Name Last Name (e.g., **Bible Study\_John Doe**)
- Theological Questions\_First Name Last Name (e.g., **Theological Questions\_John Doe**)
- Sermon Manuscript\_First Name Last Name (e.g., **Sermon Manuscript\_John Doe**)

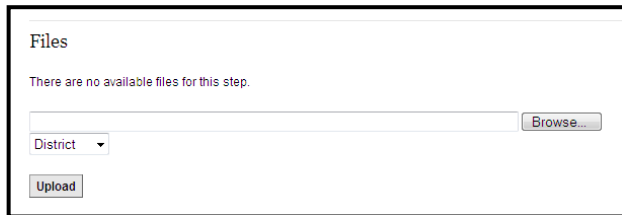
Document should include the following page formatting:

- Each page header of your document should include: Your Name (First and Last)
- Each page footer of your document should include pagination, showing page number of total pages (e.g., Page 1 of 20).

**Adding a File to a Step in Pathways:**

When you are ready to upload your files to a step (e.g., Bible Study, Sermon, Theological Questions), scroll to the bottom of the step. Under the File header, choose the Browse button.

This will bring up another box that will allow you to search your computer for the file to attach. Once the file is selected, click on the Open button at the bottom right corner of the box. You will be taken back to the Pathways screen. To upload your file, click on the **upload** button.



***You cannot modify files once they are attached. If changes need to be made, you must delete the old file and reattach the corrected version using the above process.***

**I. Bible Study Requirements**

1. Prepare an **outline** for the teaching of a Bible study on the Gospel of Mark. Your outline does not need to be more than two pages and may be single-spaced.
2. In addition to the outline, submit a complete text of your first session of the study. You should also include the setting, the intended audience, how many sessions you would use, the teaching methodology, and a bibliography. The reader will be looking for comprehension of the book, your approach to the task of teaching and the use of proper English grammar in your presentation.

*Plagiarize – to steal and pass off (the ideas and words of another) as one’s own, to use a created production without crediting the source, to commit literary theft, to present as a new and original idea derived from an existing source. (Webster’s Ninth New collegiate Dictionary)*

Plagiarism is a serious offense. Borrowing ideas or material from someone via any means of media without acknowledging the source is considered plagiarizing. Give credit where credit is due, please.

## II. Theological Questions (The Book of Discipline 2008)

Please answer thoroughly the following questions. (Include the complete question, then the answer in submitted manuscript. Answers should be double-spaced.)

### A. Theology

1. How has the practice of ministry affected your experience and understanding of God?
2. What effect has the practice of ministry had on your understanding of humanity and the need for divine grace?
3. What changes has the practice of ministry had on your understanding of (a) the "Lordship of Jesus Christ", and (b) the work of the Holy Spirit?
4. The United Methodist Church hold that Scripture, tradition, experience and reason are sources and norms for belief and practice, but that the Bible is primary among them. What is your understanding of the theological position of the church?
5. How do you understand the following traditional evangelical doctrines: (a) repentance, (b) justification, (c) regeneration, (d) sanctification? What are the marks of the Christian life?
6. For the sake of the mission of Jesus Christ in the world and the most effective witness to the Christian gospel and in consideration of your influence as an ordained minister, are you willing to make a complete dedication of yourself to the highest ideals of the Christian life; and to this end will you agree to exercise responsible self-control by personal habits conducive to physical health, intentional intellectual development, fidelity in marriage and celibacy in singleness, integrity in all personal relationships, social responsibility, and growth in grace and the knowledge of the love of God? Explain.
7. What is the meaning and significance of the sacraments?
8. Describe the nature and mission of the church. What are its primary tasks today?
9. What is your understanding of (a) the kingdom of God, (b) the Resurrection, and (c) eternal life?

### B. Vocation

1. How do you conceive your vocation as an ordained minister?

### C. The Practice of Ministry

1. How has the practice of ordained ministry affected you understanding of the expectations and obligations of the itinerant system?
2. Do you offer yourself without reserve to be appointed and to serve as the appointive authority may determine? Explain.
3. Describe and evaluate you personal gifts for ministry. What would be your areas of strength and areas in which you need to be strengthened?

4. Are you willing to relate yourself in ministry to all persons without regard to race, color, ethnicity, national origin, social status, gender, sexual orientation, age, economic condition, or disabilities? Explain.
5. Will you regard all pastoral conversations of confessional nature as a trust between the person concerned and God? Explain.

Provide evidence (written from personal experience as well as notices in bulletin, correspondence from organizations, agencies, or churches) of experience in peace and justice ministries.

### **III. Sermon Instructions**

1. Complete the “Sermon Background Information Sheet” form in Pathways Online System.
2. Upload sermon manuscript into Pathways Online System.
3. Include a church bulletin or order of worship with each DVD.
4. Digitally record this sermon during a worship service before a live congregation. Please include the entire service on the disc. Provide ten (10) copies of the **DVD**. Mark on each DVD the date the sermon was preached and your name. No VHS or 8MM tapes will be accepted.
5. The sermon’s Scriptural text should come from the lectionary texts scheduled for November 20, 2011, Christ the King Sunday, **or** January 8, 2012, the Baptism of the Lord, first Sunday after Epiphany.
6. The sermon will be evaluated on content and delivery. Attention will be given to Scriptural exegesis, theological development, logical flow of ideas, vivid illustrations, eye contact, animation, grammar, and more. The sermon should reflect your best effort.

**SERMON BACKGROUND INFORMATION SHEET**  
For  
Sermon Submitted to the Board of Ordained Ministry

(Complete this form in [www.pathwaystoministry.com](http://www.pathwaystoministry.com) Do not mail.)

Name of Candidate \_\_\_\_\_

Biblical Passage Used \_\_\_\_\_ Date Preached \_\_\_\_\_

Sermon Title \_\_\_\_\_

Sermon Preached for:

Provisional Membership \_\_\_\_\_ Associate Membership \_\_\_\_\_ Full Connection \_\_\_\_\_

1. Describe briefly the setting in which the sermon was preached (nature of the congregation; concern to which sermon is addressed; type of service in which sermon was delivered – e.g. Sunday morning or evening, special service, etc.):
  
  
  
  
  
  
  
  
  
  
2. State in one sentence the message you sought to convey in this sermon.
  
  
  
  
  
  
  
  
  
  
3. How much preaching experience have you had to this point?
  
  
  
  
  
  
  
  
  
  
4. State your personal view of the importance of preaching in your role as a minister.
  
  
  
  
  
  
  
  
  
  
5. What is your personal evaluation of the effectiveness of your preaching ministry at this time in your ministry?