

MISSISSIPPI CONFERENCE OF THE UMC

2012 CANDIDATE FOR FULL CONNECTION (ELDER) 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. 09/2011	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
Elder/Deacon Reference Form	Rev. 10/2011	Included in this PDF file for information only	Complete Form in Pathways
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
Written Material and Sermon Specifications for Full Connection Elder	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
Guidelines for Board of Ministry Visit with Pastor Parish Relations Committee	Rev. 10/2008	Included in this PDF file	

**Mississippi Conference of the UMC
Full Connection
Checklist for Board of Ministry Interviews**

Resident Name:

Resident ✓ List

Date Received
(Office Use Only)

Items Due by October 21, 2011:
(See additional explanations on back of checklist)

- | | | |
|-------|---|---|
| <hr/> | √ | Provisional Membership BOM Interview Report
(This report is retained in resident's file) |
| <hr/> | | Application for Clergy Relationship to Annual Conference (Form 105/2009) |
| <hr/> | | Biographical Information (Form 102/2009) |
| <hr/> | | Elder/Deacon Reference Form with SPR Chair info |
| <hr/> | | Candidate's Disclosure Form (Form 114/2009) – Must Be Notarized |
| <hr/> | | Background/Credit Check Consent Form |

Items Due by January 17, 2012 by 4:00 pm (CST):

- | | | |
|-------|--|---|
| <hr/> | | Digital photo of Resident |
| <hr/> | | Medical Report (Form 103/2009) |
| <hr/> | | Final Seminary Transcript – Official copy
Current Transcript on File: (Will state YES, we have, or NO, please send) |
| <hr/> | | Current Psychological Evaluation
Resident required to schedule an evaluation: (Will state YES or NO)
If YES, see assigned psychologist contact card included with checklist. |
| <hr/> | | Mentor-Resident Joint Report Forms (two forms from RIM Manual)
Received: <input type="checkbox"/> Resident (Appendix F-1) <input type="checkbox"/> Mentor (Appendix F-2) |
| <hr/> | | Bible Study |
| <hr/> | | Answers to Theological Questions |
| <hr/> | | Sermon Manuscript - Elder Track and Deacon Track (if preaching) OR
Ministry Interpretation Paper |
| <hr/> | | Ministry Digital Video (Deacon and Elder Tracks) – (submit 10 copies) |
| <hr/> | | Board of Ministry S/PRC on-site visit and recommendation
(BOM will schedule visit prior to Spring BOM interviews) |
| <hr/> | | District Superintendent Recommendation
(Ministerial Services will request from D.S.) |
| <hr/> | | RIM Peer Group Report
(Ministerial Services will request from PG facilitators) |
| <hr/> | | Elder/Deacon Recommendation
(Ministerial Services requests from resident-designated reference) |
| <hr/> | | Background/Credit Check
(Ministerial Services will complete after receipt of consent form.) |
| <hr/> | | Clinical Pastoral Education - Final Supervisor Evaluation |
| <hr/> | | Two Continuing Education Experiences (for those commissioned
in 2009 or later):
<input type="checkbox"/> Kaleidoscope OR <input type="checkbox"/> Duke Full Connection Seminar
<input type="checkbox"/> Leadership Institute
<input type="checkbox"/> Mission experience with peer group |

Mississippi Conference of the UMC
Full Connection Checklist for Board of Ministry Interviews
(Additional Explanation for Selected Forms)

Candidate's Disclosure Form (Form 114/2009)

Must be notarized and resident is to retain a copy of the policy for his/her file.

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 resident'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 resident.

Final Seminary Transcript

Ministerial Services must receive official seminary transcript (showing degree awarded and date) directly from the seminary. Checklist will indicate if transcript is on file.

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 17th, 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.

Mentor-Resident Joint Report Form

These are the RIM forms, Appendix F-1 and F-2, included in the 2011-12 RIM Manual and completed by resident and mentor, signed and submitted to Ministerial Services by January 17. Note: this is an earlier date than required by 1st and 2nd year residents.

**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 _____	_____	_____
College _____	_____	_____
Graduate School _____	_____	_____
Theological Seminary _____	_____	_____

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:

<u>Name of child</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Education</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

(Complete this form in www.pathwaystoministry.com Do not mail.)

**Full Connection Deacon and Elders References
Mississippi Conference
The United Methodist Church**

Resident Name _____

I submit the following persons as references for the Board of Ordained Ministry.

1. Any United Methodist Minister in Full Connection in the Mississippi Conference. (Do not include District Superintendents.)

Name _____

Address _____

Office Phone _____ Home Phone _____

Email _____

2. The Chairperson of your Pastor-Parish Relations Committee for 2011 if serving in a local church. If not, please submit your immediate supervisor.

Name _____

Address _____

Office Phone _____ Home Phone _____

Email _____

3. The Chairperson of your Pastor-Parish Relations Committee for 2012, if known.

Name _____

Address _____

Office Phone _____ Home Phone _____

Email _____

(Complete this form in 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 _____

Mississippi Conference of the UMC Full Connection - Elder 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:

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: Resident 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.
6. 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 – For Persons on the Elder Track

1. Complete “Sermon Background Information Sheet” in Pathways.
2. Upload sermon manuscript into Pathways.
3. Include a church bulletin or order of worship with each DVD.
4. Digitally Videotape 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 the DVD the date the sermon was preached and your name. No VHS or 8MM tapes will be accepted.
5. The sermon’s Scriptural text can be any text of your choosing.
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.

Board of Ministry Visit with Pastor Parish Relations Committee

Date: _____

Members Present: _____

(State that this visit is for the purpose of getting feedback about the effectiveness of their pastor who is being interviewed for ordination and full membership in the Mississippi Conference. This will not determine their appointment. Encourage honest conversation and remind them that this is confidential. At the close of the meeting, thank them for their openness and frankness. Close in prayer.)

Relationship to Church Members

How does he/she relate to all persons? Does he/she have the ability to bring persons together to grow in relationship to one another? What are her/his particular strengths in this area?

These areas are of particular interest and a measure of effectiveness is expected for all persons being ordained. Relate how you feel this person is doing in these areas:

Pastoral care:

Administrative Abilities:

Spiritual Leadership:

Teaching/Preaching:

Relationship to the Community

How has the pastor been involved in ministry in the larger community? Does the pastor model inclusiveness and encourage the church in responding to the needs of the wider community? Has the pastor been faithful to participate in the connectional ministries of The United Methodist Church to the best of your knowledge?

Personal Gifts/Graces

Care of Self

What do you feel are his/her particular areas of strength? Does he/she take regular time off negotiated with the PPR? Does she/he participate in a covenant group to your knowledge? Does he/she care for needs of the family and self, including health?

Other Comments

(Please use another page to record your answers and email to lisa@mississippi-umc.org. Thank you.)