

**Christian Church (Disciples of Christ)  
Central Rocky Mountain Region**

**Application for Ordained Ministry**

Candidate's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sponsoring Congregation: \_\_\_\_\_  
The church must be a recognized congregation of the Christian Church (Disciples of Christ) in the Central Rocky Mountain Region.

Seminary: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ (Expected) Date of Graduation: \_\_\_\_\_ Degree Sought/Earned: \_\_\_\_\_  
The Christian Church (Disciples of Christ) requires a Master of Divinity degree from a seminary accredited by the Association of Theological Schools in the United States and Canada.

Please include the following with this application:

- a wallet-size picture of yourself or .jpg image
- a letter of recommendation from the governing body of the sponsoring congregation affirming your call and gifts for ministry
- a 3-4 page statement of your faith journey or spiritual autobiography
- an annotated resume, including church leadership roles you have held
- the Candidate's Self-Assessment of Personal Qualifications for Ministry
- the Candidate's Self-Assessment of 16 Areas of Ministerial Practice
- the transcripts from all undergraduate and graduate work you have completed
- the names and mailing addresses of one clergy person and two lay people who have seen you doing ministry

Clergy Reference: \_\_\_\_\_

Lay Reference 1: \_\_\_\_\_

Lay Reference 2: \_\_\_\_\_

Next Steps:

- Call the Regional Office to schedule a meeting with the Committee on Standing. Meetings will be scheduled at least two weeks following the receipt of all documents.
- Once you are under care, you will be instructed on how to take the Psychological and Vocational Assessment for Ministry, which is administered by a team of psychologists at Synergy Health Partners. The cost is \$850 and will be shared by the candidate (\$284), the sponsoring congregation (\$283), and the Region (\$283).

\_\_\_\_\_  
Signature of Regional Minister

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsoring Congregation's Minister

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsoring Congregation's Board Chairperson

\_\_\_\_\_  
Date