

# APPLICATION FORM FOR ECUMENICAL SERVICE

*(Please print in dark ink)*

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

## PERSONAL DATA

Church/Presbytery Membership \_\_\_\_\_ Synod \_\_\_\_\_

Gender \_\_\_\_\_ Racial Ethnic Heritage \_\_\_\_\_ Date of Birth \_\_\_\_\_

Church Officer? \_\_\_\_\_ If so, Date of Ordination \_\_\_\_\_

## EDUCATION

Institution

Dates of Attendance

Major

Degree

---

---

---

---

## RECENT WORK HISTORY

Employing Organization

Position

Years

---

---

---

---

## CHURCH SERVICE

Church or Related Organization

Position

Paid or Volunteer

Years

---

---

---

---

## OTHER SIGNIFICANT EXPERIENCE

---

---

---

**AREAS OF EXPERTISE**

*(For example: Languages spoken, Special skills or training, Other relevant life experience)*

---

---

---

**PERSONAL INTERESTS AND EXPERIENCE**

Interested in service    Previous experience, if any

<b>Bilateral dialogues (for example, Presbyterian/Episcopal or Reformed/Pentecostal dialogue)</b>	_____	_____
<b>National Council of Churches</b>	_____	_____
<b>World Alliance of Reformed Churches</b>	_____	_____
<b>Churches Uniting in Christ</b>	_____	_____
<b>World Council of Churches</b>	_____	_____
<b>Any of the above</b>	_____	_____
<b>Others (please specify):</b>		

---

**THEOLOGICAL MOTIVATION**

So far as is possible in this limited space, please describe your motivation for seeking to serve the Presbyterian Church (U.S.A.) as an ecumenical representative:

---

---

---

**ACKNOWLEDGMENT BY PASTOR, STATED CLERK, OR EXECUTIVE**

Please obtain the signature of your pastor, or in the case of ministers the stated clerk or executive of the presbytery to which you belong, attesting to the following statement:

This is to certify that \_\_\_\_\_ (*name of nominee*) is a member in good standing of the \_\_\_\_\_ (*name of local church or presbytery*)

Signature \_\_\_\_\_ Position \_\_\_\_\_

Church or Presbytery \_\_\_\_\_ Date \_\_\_\_\_

Names, titles, and phone numbers of at least two additional persons who can provide references:

---

---

Signature of Nominee \_\_\_\_\_ Date of Application \_\_\_\_\_

**Return to:**                    **Department of Ecumenical and Agency Relationships**  
**Presbyterian Church (U.S.A.), Rm. 4412;**  
**100 Witherspoon Street; Louisville, KY 40202-1396 U.S.A.**  
**Phone 1-888-728-7228 Fax 1-502-569-8614**