## CHRISTIAN CHURCH (Disciples of Christ) In ILLINOIS AND WISCONSIN

## MINISTRY COMMITTEE

## APPLICATION FOR COMMISSIONED MINISTER

1. First Name: _____ Middle Name:_____ Last Name:_____

   Address: _____
   *Street* *City* *State* *Zip*

   Email: _____ Cell Phone: _____ Home Phone: _____

   Birth Date: _____ Marital Status: _____ Spouse's Name: _____

   Children's Names & Ages: _____

2. I am a member of the Christian Church (Disciples of Christ) _____ Yes _____ No

3. My Home Church: _____ Phone: _____

   Address: _____

4. The Church setting for which Commission is to be granted: Position Title: _____

   Church/Unit/Agency: _____ Phone: _____

   Address: _____

5. Schools, colleges, seminaries, graduate schools attended. (Most recent first)

   Currently enrolled in: _____ Degree Program: _____

6. Work Experience:

7. My plans for Ministry (Please provide a description of a particular service/ministry to be provided:

8. I understand that my obligation involves continuing communication with the Ministry Committee.

   Signature: _____ Date: _____

Return to: CCIW
401 W. Jefferson St.
Bloomington, IL 61701-3826

*04/16*