CHRISTIAN CHURCH (Disciples of Christ) In ILLINOIS AND WISCONSIN

MINISTRY COMMITTEE

APPLICATION FOR IN-CARE STATUS

1. Name: _____ Phone: _____

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

   Email: _____ Cell 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. My Present Church: _____ Phone: _____

   Address: _____

5. The Church that would most likely be the sponsoring church for my Ordination:

   Pastor: _____ Phone: _____

   Address: _____

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

   Presently enrolled in: _____ Degree Program: _____

7. Work Experience:

8. My Plans for Ministry (Please provide a description of a particular service/Ministry to be provided:

9. I understand that my obligation involves continuing communication with the Ministry Committee. I understand that the In-Care Program does not obligate me to enter the ministry nor does it guarantee that I will be approved for Ordination.

   Signature: Date:

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

Return form no later than thirty (30) days prior to appointment with the Ministry Committee.

Updated 04/2016