

THE REGISTRATION FOR PASTORAL ASSESSMENT CENTER

WITH THE EVANGELICAL CONGREGATIONAL CHURCH

Please return the following items electronically to Jodi Earhart at jearhart@eccenter.com on or before the requested deadline.

- This completed registration with all signatures
- A recent head-shot photograph (as a jpg file)
- A letter of recommendation from your lead pastor (*see note below)

Instructions for completing this registration:

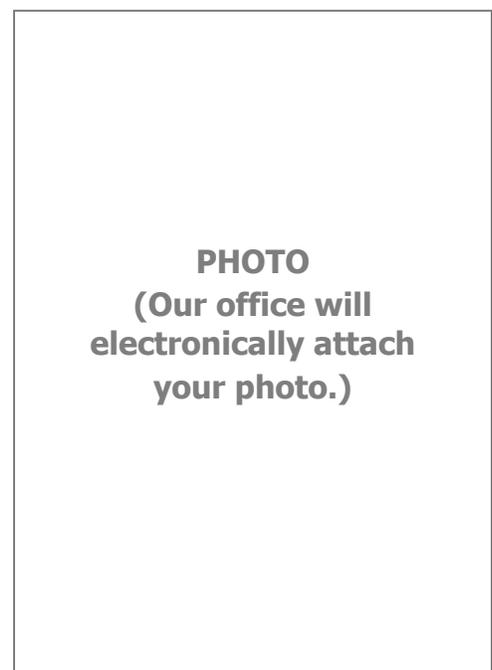
Please complete this registration using Acrobat Reader. Click [here](#) if you need to download a free version. DO NOT complete this registration in a web browser, because certain features such as dropdowns, links, and signatures will not function correctly, and you may lose information. If this document happens to open in a web browser, immediately download this document, save it to a familiar location, and reopen it in Acrobat Reader. As you complete the registration, please remember to save your work frequently. When you have completed the registration, save it, and send it to your lead pastor, and then to your District Field Director for their signatures. Once everything is collected above, email all documentation to Jodi Earhart at jearhart@eccenter.com by the requested deadline.

*NOTE: If the applicant is coming from outside the EC Church, a District Field Director, the Ministerial Development Associate, or the Bishop should provide a recommending letter and sign this registration.

Utilization of this registration:

This registration is part of your official record with the Evangelical Congregational Church. It will be distributed and used for various purposes within the Ministerial Development Community. Please retain it electronically for your own records.

OFFICE USE ONLY	DO NOT WRITE HERE
Registration Received:	
Intersection:	
PAC Team:	
PAC Action:	
PAC Date:	
Letter Sent:	
NEXT STEPS	
Candidate will complete <i>Addendum</i> application and appear before the Board of Examiners	
as an <input type="checkbox"/> Approved Candidate as an <input type="checkbox"/> Approved Pastor as a <input type="checkbox"/> Licensed Candidate/Pastor as a <input type="checkbox"/> Local Candidate/Pastor as other <input type="checkbox"/> _____	



Personal Information

Date:

Applicant's Information

Full Name (First, Middle, Last):		Suffix:
Current address:		
City:	State:	Zip code:
Phone:	E-mail:	
Date of birth:	Place of birth (City & State):	
Current church membership:		Date joined:
Current church address (City & State):		Denominational affiliation:
Home church membership (where you grew up):		Date began attending:
Home church address (City & State):		Denominational affiliation:

Spouse/Engagement Information

Please indicate Spouse, Engaged, or None:	Date of wedding:
Name:	Maiden name:

If Applicable, Previous Marriage Dissolution

Please indicate Death, Divorce, or Other:	Date of dissolution:	
Name of former spouse:	Maiden name:	
If living, please provide current address:		
City:	State:	Zip code:
If other than by death, please provide an explanation of your dissolution:		

NOTE: Understand that your former spouse may be contacted in some circumstances.

Children Information

Name:	At home?	Gender:	Date of birth:
Name:	At home?	Gender:	Date of birth:
Name:	At home?	Gender:	Date of birth:
Name:	At home?	Gender:	Date of birth:
Name:	At home?	Gender:	Date of birth:
Name:	At home?	Gender:	Date of birth:

Household Information (Others living in your home.)

Name:	Relationship:	Gender:	Date of birth:
Name:	Relationship:	Gender:	Date of birth:
Name:	Relationship:	Gender:	Date of birth:

Employment Information			
Current employer:		Position:	
Employer address:			How long?
City:	State:	Zip code:	
Additional current employer:		Position:	
Employer address:			How long?
City:	State:	Zip code:	
Educational Information			
High School:		Diploma?	Year of graduation:
Technical/Trade School:	Major:	Degree:	Year of graduation:
Undergraduate Institution:	Major:	Degree:	Year of graduation:
Graduate School/Institution:		Degree:	Year of graduation:
Graduate School/Institution:		Degree:	Year of graduation:
Leadership Responsibilities			
Position:			How long?
Position:			How long?
Position:			How long?
References from Your Current Church (Provide Two)			
Name:	Address:		Phone:
Name:	Address:		Phone:
Financial Disclosure (Only Include Forms of Indebtedness)			
Institution:	Type of Debt:	Amount:	
Institution:	Type of Debt:	Amount:	
Institution:	Type of Debt:	Amount:	
Institution:	Type of Debt:	Amount:	
Are the above payments up to date?	If not, which one(s)?		
If debts are not paid to date, please explain:			
Have you ever been refused credit?	If yes, what institution(s)?		
If you have been refused credit, please explain:			

Expectation/Intersection:

In order to help us discern your calling and pursuit of credentials, please briefly describe how and where you sense God is leading you.

For example: Some people simply sense that pastoral ministry is where God is leading them. Others sense that they are called to a specific ministry such as chaplaincy or another related field. Others may sense total uncertainty about what lies ahead, but they realize God is doing something.

Confidential:

Please disclose any history you may have in the following areas.

NOTE: If there is no history, please write, *NONE*.

1. Please list any disciplinary actions by church bodies and/or professional bodies.

2. Please list any criminal convictions and/or lawsuits.

3. Please list any accusations, charges and/or terminations of employment for sexual, physical, or financial misconduct.

4. Are there any other legal issues or moral concerns and activities of which we should be aware (such as former illegal drug use, gambling, pornography, etc.)?

Personal Information (Spouse/Engaged):

Applicant's Spouse/Engaged Information			
Please indicate Spouse or Engaged:		Email:	
Full Name (First, Middle, Last):		Maiden name:	
Date of birth:	Place of birth (City & State):		
Employment Information			
Current employer:		Position:	
Employer address:		How long?	
City:	State:	Zip code:	
Additional current employer:		Position:	
Employer address:		How long?	
City:	State:	Zip code:	
Educational Information			
High School:		Diploma?	Year of graduation:
Technical/Trade School:		Major:	Year of graduation:
Undergraduate Institution:		Degree:	Year of graduation:
Graduate School/Institution:		Degree:	Year of graduation:
Graduate School/Institution:		Degree:	Year of graduation:
Responsibilities in the Local Church (Last Five Years)			
Position:		How long?	

Signature Page:

CREATING A DIGITAL SIGNATURE

When you click on your corresponding signature box below, it will ask you to apply a digital signature. If you do not have one, you will be requested to create one. Please follow the instructions to create and apply a digital signature.

Applicant

I hereby affirm that all information that I have provided is accurate. I also give permission for the Evangelical Congregational Church to make state police and background checks.

Signature:

Applicant's Spouse/Engaged

I hereby affirm that all information that I have provided is accurate.

Signature:

Recommending Pastor

I have reviewed this application and other materials to be sent by the applicant.

Signature:

NOTE: When the applicant is coming from outside the EC Church, please have the nearest District Field Director, the Ministerial Development Associate, or Bishop sign. If you don't know who these people are, please contact Church Center at 1-800-866-7581.