

**CHURCH INFORMATION FORM
FOR SEEKING RULING ELDER COMMISSIONED TO PASTORAL SERVICE**

Church Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

1. Are you yoked with another congregation? Yes ____ No ____
(If your answer is Yes, you need not apply.)

2. What is your church's:
Number of Active Members _____
Average Worship Attendance _____
Church School Attendance _____

3. Can your pastoral needs be met by a part-time position?
Yes ____ No ____

4. Do you have limited financial resources (weekly offerings, other contributions including endowments, stocks, etc.) such that you are not able to support a full-time permanent pastor for one year according to the Presbytery's minimum?
Yes ____ No ____

Please state why your congregation wants the services of a ruling elder commissioned to pastoral service.

What was the pastoral relationship to your congregation over the past five years.
(Permanent Pastor, Designated, Interim, Stated Supply, Temporary Supply, or Ruling Elder commissioned to pastoral service)

Year	Pastoral Relations
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is the community type of your congregation?

- Rural
- Suburban
- Retirement
- Urban
- Village
- Town
- Inner City

What is the racial/ethnic composition of the congregation by percentage?

_____ %	_____ %
_____ %	_____ %

What is your church's current operating budget? _____

Please provide your church's financial information for your last completed fiscal year.

Total Receipts and Income	
Total Expenses and Gifts	
Amount of Savings, if any	
Value of Endowment, if any	
Value of Foundation, if any	

What is your session's strategy for mission?

Does your strategy for mission include participating in the per capita budget of the Presbytery? Yes _____ No _____

Does your strategy for mission include participating in the mission budget of the Presbytery? Yes _____ No _____

How does your congregation implement its mission strategy? Please describe what gifts, skills, and experiences of your members are being used to fulfill this mission.

What qualifications and skills do you desire in a commissioned ruling elder? (Choose 4 required [mark with an R] and 6 desired [mark with a D].)

- | | |
|--|---|
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Older Adult Ministry |
| <input type="checkbox"/> Corporate Worship/Sacraments | <input type="checkbox"/> Adult Ministry |
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Hospital Visitation/Emergencies |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Ecumenical/Interfaith Activities |
| <input type="checkbox"/> Family Ministry | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Spiritual Development | <input type="checkbox"/> Administrative Leadership |
| <input type="checkbox"/> Stewardship | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Budget Preparation | <input type="checkbox"/> Transitional Ministry |
| <input type="checkbox"/> Mission Beyond the Local Congregation | |
| <input type="checkbox"/> Other (please list) _____ | |

How would the selected qualifications and skills help you meet your mission strategy and goals?

Additional Church Information: Along with this completed form, please submit copies of the church operating budget for the current fiscal year, and the immediate previous fiscal year; and copies of the church's past two Annual Reports, if annual reports are printed.

Please list any church employees, their hours, and salary (secretary/administrative assistant, custodian/sexton, Christian education, music, youth, etc.)

Position	Hours/Week	Salary/Year

What is the organizational structure of the church employees, and what will be the commissioned ruling elder's relationship to/with any other church employees?

Compensation (Based on _____ Hours)

Salary _____

Housing _____

Total Effective Salary _____

Continuing Ed. _____

Travel _____

Other (please list) _____

Vacation – One Month

Study Leave – Two Weeks

Clerk of the Session Information:

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Alternate Phone _____

E-mail address _____ Fax _____

Contact Person for Applicant:

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Alternate Phone _____

E-mail address _____ Fax _____

Equal Employment Opportunity

Care must be taken by the Session to consider candidates without regard to race, ethnicity, age, sex, marital status, or disability.

Every Presbytery Committee on Ministry is to inform each Session of its constitutional obligations and how it might assure fairness in the commissioning process.

Has the Presbytery's Committee on Ministry thus counseled with the Session regarding Equal Employment Opportunity?

Yes _____ No _____

Each Session is expected to undertake its search in a manner consistent with the Good News:

As many of you as were baptized into Christ have clothed yourselves with Christ. There is no longer Jew or Greek, there is no longer slave or free, there is no longer male and female; for all of you are one in Christ Jesus. (Gal. 3:27-28, F-1.0403)

Has the Session affirmed to the Presbytery's Committee on Ministry its intention to follow in this regard?

Yes _____ No _____

Endorsements:

Clerk of Session

Signature _____ Date _____

Committee on Ministry

Signature _____ Date _____