

Application for Validation of Ministry

Presbytery of Baltimore

Name of Applicant:

Address:

City, State, Zip code:

Phone:

Email:

Position Title:

Employer:

Supervisor:

Description of Ministry to be validated:

Is this ministry listed among those with automatic approval? See Presbytery Policy on Validated Ministries, Section VI. Yes _____ No _____
If you have answered yes, skip down to signature page, sign the document, attach verifying documentation and return all to the Stated Clerk of the Presbytery.

Criteria for Validation

To the Applicant: In order to complete this application you will need a copy of the Policy: Validation of Ministry. You are asked to briefly indicate how the ministry named in this application meets each criterion listed in the Policy. [The Roman numerals correspond to the section of the policy with the same number.]

- I. How is this ministry in conformity to the “mission of God’s people?” [G-2.0503a (1)] Both elements of section I in the Policy must be affirmed and satisfied.

1.

2.

- II. How does this ministry meet the standard of “Service to Others?” [G-2.0503a (2)]. Please indicate: 1. ____ OR 2. ____ OR 3. ____

Please describe how:

- III. How does this ministry meet the standard of “Fidelity to God’s Word?” [G-2.0503a (3)] Please indicate: 1. ____ OR 2. ____ OR 3. ____ OR 4. ____

Please describe:

How does this ministry meet the standard of “Accountability?” [G-2.0503a (4)]

Please indicate: 1. ____ OR 2. ____ OR 3. ____ OR 4. ____ OR 5. ____

- IV. Participation in the life of the Presbytery and Congregation [G-2.0503a (5)].
(Both criteria must be met.):

1. Please indicate and describe briefly your participation in at least one aspect of the life of the Presbytery.

Please circle the categories which apply: (a) (b) (c) (d)

Please describe:

Request for waiver: If in the view of the Presbytery, specific service in the Presbytery would be difficult or inappropriate, this criterion may be waived.

_____ I am requesting a waiver from this category on the following grounds:

2. Please indicate and describe briefly your participation in at least one aspect of the life of a congregation:

Please circle the categories which apply: (a) (b) (c) (d)

Please describe:

Request for waiver: If in the view of the Presbytery, specific service in a congregation would be difficult or inappropriate, this criterion may be waived.

_____ I am requesting a waiver from this category on the following grounds:

Please attach appropriate documentation to verify your position. (Brochure, Contract)

This is a Full time () Part time () Position

I (will) (will not) participate in the Pension Plan of the Board of Pensions.

Signature: _____ Date: _____

Applicant

Annual Remuneration: _____ (Optional)

Received at the Presbytery Office (date) _____

Signed: _____ Date: _____
Stated Clerk

This document can be emailed to statedclerk@baltimorepresbytery.org or mailed to

The Stated Clerk
The Presbytery of Baltimore
5400 Loch Raven Blvd.
Baltimore, MD 21239

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