



Commission Request Form CCSW Committee on Ministry

Date _____

COMPLETE INFORMATION REQUIRED FOR REPORTING OFFICIAL MINISTERIAL RECORD

_____ Last Name _____ First Name _____ Initial _____

Home Mailing Address _____

City, State, Zip _____

Home Phone: _____ Email address: _____

Completion of Boundaries Prevention / Sexual Misconduct Prevention Workshop

Date: _____ Place: _____

Ministry Setting:

Place of Employment/Service _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email: _____

Check here if any of the above information has changed.

If this commission is a RENEWAL in the same position and setting, please STOP HERE.

If this is a NEW MINISTRY SETTING or a FIRST TIME COMMISSION, please complete the following:

Previous Ministry Setting (if applicable):

Place of Employment/Service _____

Mailing Address _____

City, State, Zip _____

FOR AREA OFFICE USE ONLY

Gender: Male Female
Ethnicity: Caucasian Hispanic African American Asian Other

This information is used for demographic information only.

Received Congregational Recommendation Letter

PCC Code: (Circle the appropriate classification code)

- | | | | |
|----|---|----|---|
| A | Associate Minister | M | Missionary |
| CE | Christian Educator | MC | Minister of Counseling |
| CM | Campus Minister | MM | Minister of Music |
| DU | Christian Church (Disciples of Christ) with United Church of Christ standing serving a UCC congregation | NE | Non-Disciples Minister serving local congregation |
| ER | Minister employed by regional ecumenical organization | NP | Non-Parish Minister |
| GR | Minister employed by region | OP | Other employment but preaching |
| HE | Minister in Higher Education | P | Pastor of a recognized congregation |
| IC | Institutional Chaplain (Federal Institutions) | SA | Student Associate Minister |
| IR | Institutional Chaplain (Non-Federal Institutions) | SC | Student Chaplain |
| | | SP | Student Pastor |

Wording exactly as it will appear on license:

This is to certify that _____
Name

has been granted a commission to serve as a minister of the gospel.

Specifically authorized in service to _____
Name of Congregation or Institution

of _____ as _____
City, State Job Title (Pastor, Youth Minister, etc.)

Expiration Date: _____

Issue Date: _____

Certification:

I certify that the appropriate body of the _____ Area of the Christian Church in the Southwest has acted in compliance with the standards of the CCSW Regional Committee on the Ministry in making this request.

Signature _____ Effective Date: _____
Area Minister or Committee on Ministry Chair



**Congregational Support
For Commissioned Ministers
Christian Church (Disciples of Christ) in the Southwest
(to be completed with each application - both new and renewal)**

The Board *(or equivalent leadership team)* of

_____ Christian Church
(Name of Congregation)

in _____
(City, State)

voted to approve _____
(Name of Candidate)

for the Commissioned Minister process. We understand that our approval will move this application forward in the process and that the Area Committee on Ministry, in cooperation with the Christian Church (Disciples of Christ) in the Southwest, will partner with us in this process.

The candidate above serves our congregation by: _____

We commend them to the Area Committee on Ministry.

Date: _____

Board Chairperson: _____

Signature: _____