

# Application Form

## COMMISSIONED RULING ELDERS PROGRAM

Date of Application: (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Email: \_\_\_\_\_

Church of Membership: \_\_\_\_\_

Church Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Ordination as Elder \_\_\_\_\_

Name of Current Pastor \_\_\_\_\_

Previous Academic and Professional Training (*beginning with the most recent*)

Institution Name & Location	Date Attended	Degree / Diploma and Year
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the names addresses and phone numbers of up to three (3) persons who know you well and are able to speak to your gifts and abilities.

1. Name	Relationship	Phone
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\_\_\_\_\_

Address:

\_\_\_\_\_

2. Name	Relationship	Phone
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\_\_\_\_\_

Address:

\_\_\_\_\_

3. Name	Relationship	Phone
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Address:		
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*Participation in the Commissioned Ruling Elder Program requires the endorsement of your session. Please have the Clerk of your Session complete the following or include an extract from your Session's minutes certified by the clerk.*

On (date) \_\_\_\_\_ the Session of (church) \_\_\_\_\_

met and endorsed the application of \_\_\_\_\_ in the  
Presbytery of New York City Commissioned Ruling Elders Program.

I, \_\_\_\_\_, (clerk of session) I hereby certify that  
the information given by me on this application and all supplementary pages is complete  
and accurate.

Clerk's Signature: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

9a U`cfMail completed application to:

cplm@presbynyc.org

or

Committee on the Preparation for Lay  
Ministry Presbytery of New York City  
475 Riverside Drive New York, NY 10115