

Savannah Presbytery
Application to Validate the Ministry
of an Ordained Person

(This form should be used by those who are already ordained and who are requesting validation of a new ministry.)

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone Numbers _____ Cell _____

Email Address _____

JOB TITLE _____

1. Please attach a copy of the current Job Description for this job title.
2. Write a paragraph describing what your duties will be and attach to this form. Include how this ministry supports the mission and vision of Savannah Presbytery. (SP)

SUPERVISION

1. Attach a letter from your employer/supervisor which states that you are currently employed and are in good standing or list starting employment date for the position.
2. Indicate who will supervise your work and how that supervision will be accomplished.

ORDINATION

When were you ordained? _____

In what Presbytery are you an active member? _____

How does the preaching of the word and administration of the sacraments enhance your ministry?

PARTICIPATION

Within which PCUSA congregation in SP are you now, or do you expect to be, active?

In what ways do you or will you participate in the life of this congregation? _____

In what ways do you or will you participate in the life of Savannah Presbytery?

SIGNATURE

By signing this application, I certify that I know the contents and the statements in the application are a true and correct representation of my proposed ministry activities for a validated ministry.

I make the following motion: **that my application for ministry be validated and approved for the coming year.**

Signature

Print your name

MAY 2020

Savannah Presbytery

Application to Validate the Ministry of Person Seeking Ordination

(Note: This form should be used by those who are not yet ordained and are seeking ordination and who are requesting validation of a ministry.)

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone Numbers _____ Cell _____

Email Address _____

JOB TITLE _____

1. Please attach a copy of the current Job Description for this job title.
2. Write a paragraph describing what your duties will be and attach to this form. Include how this ministry supports the mission and vision of Savannah Presbytery (SP).

SUPERVISION

1. Attach a letter from your employer/supervisor which states that you are currently employed and are in good standing or list starting employment date for the position.
2. Indicate who will supervise your work and how that supervision will be accomplished.

ORDINATION

In which Presbytery are you a candidate for ordination? _____

When do you expect to be ordained? _____

Why does this position require you to be ordained? _____

Why does this position require you to administer the Sacraments and /or preach the Word?

EDUCATION

Please list your formal education including dates, institutions and degrees.

PARTICIPATION

Within which PCUSA congregation in SP are you now, or do you expect to be, active?

In what ways do you expect to participate in the life of this congregation? _____

In what ways do you expect to participate in the life of Savannah Presbytery?

SIGNATURE

By signing this application, I certify that I know the contents and the statements in the application are a true and correct representation of my proposed ministry activities for a validated ministry.

I make the following motion: **that my application for ministry be validated and approved.**

Signature

Print your name
(May 2020)

Savannah Presbytery Annual Report and Request for Revalidation of Ministry

(This form should be used by those who are currently performing a ministry that was validated last year and who are requesting a revalidation of that same ministry.)

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone Numbers _____ Cell _____

Email Address _____

JOB TITLE _____

1. Please attach a copy of your current Job Description for this job title. Write a paragraph describing your duties.
2. Indicate how this ministry supports the mission and vision of Savannah Presbytery(SP).

SUPERVISION

1. Attach a letter from your employer/supervisor for this position which states that you are currently employed and in good standing.
2. Indicate who supervises your work and how that supervision is accomplished.

ORDINATION REQUIREMENTS

What about this position requires you to administer the sacraments and preach the word? OR how does the preaching of the word and administration of the sacraments enhance your ministry?

PARTICIPATION

Within which PCUSA congregation in the SP were you active and how did you participate?

In what ways did you participate in the life of SP? _____

Describe some of the high points and challenges of your ministry. _____

Each Minister is encouraged to perform ecumenical/ecclesiastical/religious activities including, but not limited to, preaching and administering the sacraments. Please report on when and how you fulfilled this requirement.

SIGNATURE

By signing this application, I certify that I know the contents and the statements in the application are a true and correct representation of my Ministry activities for my validated ministry.

I make the following motion: **that my report is accepted and that my ministry is validated and renewed for the coming year.**

Signature

Print your name
(May 2020)