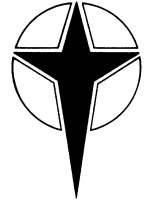


American Baptist Churches of Connecticut



**“IN CARE PROGRAM” APPLICATION**

Return completed form to: The Commission on the Ministry  
American Baptist Churches of Connecticut  
90A N. Main Street  
West Hartford, CT 06107-1924

**Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Street City State Zip Code

**School Address:** \_\_\_\_\_  
Name of School

\_\_\_\_\_ Street City State Zip Code

**Telephones: Home:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Birthdate:** (m/d/y) \_\_\_\_\_

**Church Membership:** \_\_\_\_\_  
Name of Church City/State

**Please describe your church related involvement over the past five years:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe your vocational aims:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic degree(s) presently held:**

\_\_\_\_\_ Degree Date Institution

\_\_\_\_\_ Degree Date Institution

**Are you presently working toward a college or seminary degree?**  Yes  No

If your answer was yes, where are you doing your work?

\_\_\_\_\_ Institution

\_\_\_\_\_ Address (street/city/state/zip)

Pursuing what degree? \_\_\_\_\_

When will you complete this work? \_\_\_\_\_

Do you have, or do you plan to earn, an M.Div. degree?  Yes  No

**Do you plan further education beyond the program in which you are now engaged?**  Yes  No

If yes, describe this work: \_\_\_\_\_

**Have you been licensed?**  Yes  No When? \_\_\_\_\_

By whom? \_\_\_\_\_

Church

City/State

Denomination? \_\_\_\_\_

If your answer was no, do you plan to be licensed?  Yes  No

List other Ecclesiastical Endorsements: \_\_\_\_\_

**Have you been ordained?**  Yes  No When? \_\_\_\_\_

By whom? \_\_\_\_\_

Church

City/State

If your answer was no, do you plan to be ordained?  Yes  No

Please have **three references**, including the minister of the church where you hold your membership, sent to:

Commission on the Ministry  
American Baptist Churches of Connecticut  
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In addition, in the final stage of the ordination process, you will be asked to submit two seminary/  
theological school/academic references.

**Are you willing to submit to a background investigation?**  Yes  No

**What is your current employment, if any:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_ **Signature:** \_\_\_\_\_