

APPLICATION FOR ORDINATION
The American Baptist Churches of Los Angeles and
The Congregations of the Southwest & Hawaii

PERSONAL

Name _____ Phone _____ E-mail: _____
Address _____ City _____ Zip _____
E-mail _____ Date of Birth _____ General Health Choose One _____
Do you use tobacco? Check One Narcotics? Check One Explanation, if needed _____
Marital Status Check One If married, name of Spouse _____
If married: Is spouse supportive of your ministerial plans? Yes No Is spouse active in church? Yes No
Have you ever been denied Ordination? Yes No If yes, explain _____

EDUCATIONAL PREPARATION

High School _____ # of Years Check One Graduate? Yes No
College _____ # of Years Check One Graduate? Yes No
Seminary _____ # of Years Check One Graduate? Yes No
Other Education _____ # of Years Check One Graduate? Yes No
Have you had a course in Baptist History? Yes No When? _____ Where? _____
Have you studied American Baptist Polity and Organization? Yes No If so, when?
Where? _____

CHURCH AFFILIATIONS

Current local church membership _____ How long? _____
Member in good standing? Yes No -Have you experienced believer's baptism by immersion? Yes No
Names of local churches to which you have belonged _____
Have you ever been a member of any other denominations? Yes No - Please give names and dates: _____
If you are involved in any other church related organizations, please list _____
Why did you decide to become an American Baptist? _____

EXPERIENCE

What other lines of work have you followed?

What church offices have you held?

In what capacity are you now serving?

Have you ever been licensed by a local church for Christian ministry? Yes No - If so, when?

Church

Describe the ministry for which you are now prepared

What do you plan to make your major emphasis?

Why is American Baptist ordination important to you?

To what church or church-related ministry are you being called?

If not American Baptist related, please describe the ministry to which you have been called and give details of its affiliation:

Please submit complete names and addresses of five references **OTHER THAN** your pastor and relatives. Include 3 from individuals who have experienced your ministry; 1 peer/associate in ministry; 1 supervisor/mentor/professor from seminary; **plus** reference from **The Center for Ministry** or equivalent.

NAME

ADDRESS

1.

2.

3.

4.

5.

6. **The Center for Ministry** (or the equivalent)

An additional page may be attached to communicate any further information you want the committee to know.

Return Completed Application to:

Attn: Ordination Council

ABCOFLASH

P.O. Box 1868

Glendale, CA 91209-1868

Signature

Date