

**THE ORDER OF MINISTRY
APPLICATION FORM
The Christian Church (Disciples of Christ)
in Tennessee**

NAME OF APPLICANT _____

PERMANENT ADDRESS _____

CITY _____ ZIP _____ TELEPHONE () _____

PRESENT MAILING ADDRESS _____

CITY _____ ZIP _____ TELEPHONE () _____

EMAIL _____ CELL PHONE () _____

I hereby apply to the Commission on Ministry of the Christian Church (Disciples of Christ) in Tennessee for:

_____ License as a Lay/Student Minister

_____ Candidacy for Ordination

_____ Renewal of Standing

_____ Recognition of Ordination

By signing below I am making application as indicated above. I attest that I have received the Guidelines and Procedures for Ministry in the Christian Church (Disciples of Christ) in Tennessee, and understand that it is my responsibility to meet all requirements as indicated in the Guidelines and Procedures for Ministry document.

Signature of Applicant _____ Date _____

Sponsoring congregation (if applicable) _____

All written materials must be received by the Christian Church (Disciples of Christ) in Tennessee before a meeting with the Commission on Ministry will be scheduled for the candidate.

Please mail this application and other materials to:

Christian Church (Disciples of Christ) in Tennessee
7980 Coley Davis Road, Suite 102
Nashville, TN 37221