

The Total or Shared Ministry Handbook

Forms for Commissioned Ministries

The Episcopal Church in Minnesota

April 2010

**Total or Shared Ministry
Commissioned and Licensed Ministries, Form 1:
Application for Formation**

The Episcopal Church in Minnesota

Note: Please send all form originals to Office of the Bishop
Attention: Coordinator of Vocations.

**To: The Rt. Rev. Brian N. Prior
Attention: Coordinator of Vocations
The Episcopal Church in Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

Name: _____ Date of Birth: _____

Place of Birth: _____ Sex: Male Female

Address: _____

City/State/Zip: _____ E-mail: _____

Telephones (including Area Code): Home: _____ Work: _____

Cell: _____

Please circle the Ministry or Ministries for which you have been discerned:

Commissioned Ministry: Administrator Christian Education Intercessor Liturgist
Musician Parish Life Ministry Pastoral Care Stewardship Team Coordinator
Young Adult Ministry Youth Ministry Leader

Licensed Ministry: Catechist Eucharistic Minister Eucharistic Visitor Evangelist
Preacher Worship Leader

Congregation: _____

Sponsoring Priest: _____

Former Denomination (if applicable): _____

Date of Baptism: _____ Denomination: _____

By Whom: _____

When Confirmed/Received into the Episcopal Church: _____

Length of time as a resident in the Episcopal Church in Minnesota: _____

Length of time as a member of this congregation: _____

Marital Status: Single Married Divorced Widowed Partnered Other

Spouse/Partner's Name (if applicable): _____

Children (list name, date of birth, age of each child):

Present situation and employment history (names, addresses, and dates). You may attach a separate sheet with this information.

Present employment: _____

Past employment: _____

Past employment: _____

Two references (who are not relatives). Give names, addresses, and telephone numbers:

Education History:

High School: _____ Graduation date: _____

College: _____ Graduation date: _____

Major: _____ Degree: _____

Graduate Work: _____ Degree: _____ Date(s): _____

Previous Applicant for Team Ministry? No Yes (Please give details:)

Commissioning in another denomination? No Yes (Give details, including years of service:)

Physical disabilities? No Yes (Please give details:)

April 2010

Counseling/psychotherapy/addiction recovery? No Yes (Please give simple summary:)

Please attach a photograph and a brief typewritten autobiographical essay (1 to 2 pages) that include

- ∞* Your strong and weak points of character
- ∞* *Your understanding of* Team or Shared Ministry
- ∞* Your participation in the Church throughout your lifetime and the leadership/ministry you performed
- ∞* Your family's feelings about your decision to seek commissioning

On a separate (one) sheet, entitled "Sense of Call," describe the discernment process used in your faith community and your sense of call to ministry within the team.

Send this application form along with the recommendation of the Rector/Priest/Vicar/Missioner and your congregation (Form 2) and the waiver of information (Form 3).

Date of application: _____

Date received by Coordinator of Vocations: _____

I, _____ accept the nomination of my congregation to be a _____ in the Total or Shared Ministry Team for (congregation) _____.

(Signature) _____

(Date) _____

Total or Shared Ministry
Commissioned and Licensed Ministries Form 2:
Recommendation for Formation
The Episcopal Church in Minnesota

To: The Rt. Rev. Brian N. Prior
Attention: Coordinator of Vocations
The Episcopal Church in Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

Name of Congregation: _____

Date of Meeting: _____ Place: _____

We (Rector/Priest/Vicar/Missioner and two-thirds majority of the Vestry/Bishop's Committee/4 Members of a Missionary Community), whose names are hereunder written, testify to the best of our belief and personal knowledge that _____ has been duly discerned by this Congregation for the commissioned ministry of _____ on the Total or Shared Ministry Team; and that she/he is an adult communicant of this Congregation in good standing for a minimum period of 1 year. We do furthermore recommend that _____ enter into formation for the specific ministry/ministries that have been discerned for this person. We base our decision on the recommendation of the Local Discernment Committee.

Signed: _____

Priest/Missioner: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of _____ Congregation, _____ duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: _____, Clerk/Secretary of Vestry/Bishop's Committee

NOTE: No person seeking licensing shall sign any of the certificates recommending their own commissioning.

April 2010

**Total or Shared Ministry
Commissioned and Licensed Ministries, Form 3:
Waiver of Information
The Episcopal Church in Minnesota**

**To: The Rt. Rev. Brian N. Prior
Attention: Coordinator of Vocations
The Episcopal Church in Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

I, _____, an Applicant for Commissioned and/or Licensed Ministry in a Total or Shared Ministry Team in the Episcopal Church, give my permission to the Bishop of the Episcopal Church in Minnesota to share the Application for Commissioning and/or Licensing and any supporting material, with the Canon Missioner for Congregational Development, the Administrative Assistant to the Bishop (for filing purposes only), the President of the Standing Committee of this Diocese, and the Co-Chairs of the Commission on Ministry.

Signed: _____

Date: _____

Send the original signed copy to the Bishop of the Episcopal Church in Minnesota as noted above

**Total or Shared Ministry
Commissioned and Licensed Ministries, Form 4:
Application for Commissioning
The Episcopal Church in Minnesota**

**To: The Rt. Rev. Brian N. Prior
Attention: Coordinator of Vocations
The Episcopal Church in Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

I, _____, a member of a Total or Shared Ministry Team in the Episcopal Church, respectfully apply for recommendation for commissioning in the following ministry/tries

_____.

Signed: _____ Date: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): Home: _____ Work: _____

Cell: _____

Date of Birth: _____

Send this application with the following documents to the Bishop, *Attention: Coordinator of Vocations.*

- ⌘* *Recommendation* from the Vestry/Bishop's Committee and Rector/Vicar/Priest/Missioner of the congregation to which you are assigned (Form 5)
- ⌘* Letter of evaluation from Mentor

**Total or Shared Ministry
Commissioned and Licensed Ministries, Form 5:
Recommendation for Commissioning
The Episcopal Church in Minnesota**

**To: The Rt. Rev. Brian N. Prior
Attention: Coordinator of Vocations
The Episcopal Church in Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

Name of Congregation: _____

Date of Meeting: _____ Place: _____

We hereby certify that, after due inquiry, we are well assured and believe that the _____ is sober, honest, and godly, and has not written, taught, or held anything contrary to the Doctrine, Discipline, and Worship of this Church. And, moreover, we think _____ is a person worthy to be commissioned as a _____ in the Episcopal Church.

Signed: _____

Priest: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that _____ is a member of _____ Congregation in _____; that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of _____ Congregation, _____, duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: _____, Clerk/Secretary of Vestry/Bishop's Committee

NOTE: No person seeking licensing shall sign any of the certificates recommending their own commissioning.