Name: 2023-2024

Application for Ministerial Relationship to the Alabama-West Florida Conference for FULL CONNECTION

Today's Date:				
District:				
		Biographical Inform	<u>nation</u>	
Full Name:				
Street Address:				
City, State, and Z	ː ip:			
Cell Phone:				
Other Phone Nur	nbers:			
Date and Place of	of Birth:			
Sex:				
Ethnic Origin (che	eck all that a	apply):		
Asia	n	Black/African American	Hispanic	
Nativ	ve American	Pacific Islander	White	Other
Local Church Affi	liation:			
City:				
Conference:				
District:				
Marital Status:	Single	Married(date)	_	
	Widowed	d (date)	Divorced (date)	
If married, spouse	e's name:			
Name(s) and age	e(s) of childre	en (if any):		

Name:	2022-2023 Full Connection
Dependents in addition to your children:	
Your Childhood family and other significant relatives: (Name, relation, age, education, marital status, occupation)	
Briefly describe your involvement in your local church, such as your you enjoy, church activities, etc.	leadership positions, groups
Describe your community and volunteer involvement in activities be as district or annual conference work, church camps, workshops, or community organizations, social clubs, service agencies, and other volunteer service:	itreach, participation in

Name:

Education

High school (name, city, state, grad year)
College (name, degree or credit hours, grad date or dates)
Seminary (¶ 315.4) (name, degree or credit hours, grad date or dates)
Graduate School (name, degree or credit hours, grad date or dates)
Course of Study for Ordained Ministry (date completed)
Advanced Course of Study (date completed)
Certification of Candidacy (date of issue and District)
Full-Time Local Pastor (dates):
Associate Member (dates):
Previous Ordinations (dates):
*Place this completed application in your personal Dropbox