**INTEREST IN MINISTRY APPLICATION**

**CCCA Commission for Ministry**

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAME OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Full Middle Last

PERMANENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_ TELEPHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_ TELEPHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to speak with the Regional Minister and Commission For Ministry about (mark all that apply):

* Discerning more fully my call to ministry
* My interest in theological education or training
	+ General theological education or training
	+ Christian Education
	+ Pastoral Care
* Ordination or Commissioning into ministry
* Growing in my ministry as a lay person
* Deepening my spiritual life

**Please e-mail it to: Ministry@cccadisciples.org**

**or** **mail this interest form to:**

 **Regional Minister - Christian Church Capital Area**

**8814 Kensington Parkway, Suite 208, Chevy Chase, MD 20815-3763**