

**Presbytery of Denver
Committee on Ministry**

**Report to the Presbytery of Denver
Minister Members at Large and Ministers in Service
Beyond the Jurisdiction of the Church**

Name:

Address:

Phones: home work

Preferred e-mail address:

Ecclesiastical Designation (please mark)

- | | |
|---|---|
| <input type="checkbox"/> Pastoral Counselor | |
| <input type="checkbox"/> Campus Minister | <input type="checkbox"/> Missionary |
| <input type="checkbox"/> Parish Associate | <input type="checkbox"/> Partner in Mission |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Evangelist |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Member at Large or Other (Describe): | |

I. YOUR SERVICE

Please describe your ministry in sufficient detail that we can understand the nature of your service and what it entails. *Your ministry is more than your “work,” – it is everything you do to fulfill your calling as an ordained Minister of the Word and Sacrament of the Presbyterian Church (U.S.A.)*

1. Please share with us your understanding of how your service meets the constitutional standards for validation of ministries (G-14.0403) by specifically addressing the following:
 - a. How does your ministry demonstrate the mission of the Church in the world as set forth in both Scripture and the Constitution of the PC(USA.)? Please be as specific as possible.
 - b. In what ways does your ministry serve others, aid others and enable the ministries of others?
 - c. To whom are you accountable for your ministry or aspects thereof? How are you accountable?

- d. How do you fulfill your responsibilities as a presbyter, participating in the deliberations and work of the Presbytery? How often have you attended Presbytery assemblies in the last 12 months?
 - e. Where and how often do you worship? What other ways do you participate in congregational life?
2. Please describe the circumstances which prevent you from meeting any of the above constitutional standards for validated ministry:
 3. If you are working in a church setting without call or appointment by the COM, has COM previously validated this ministry? _____
 4. Are you a parish associate? _____ Would you like to have a parish associate relationship? _____

II. OTHER INFORMATION

- Employer, if any _____
- Your title, if any _____
- Employment is ____ full time ____ part time ____ contract
_____ approx. hrs./week

Is your compensation package (if any) structured with a housing allowance?
_____ yes _____ no

If you answer yes, we will be in contact with you early next year for further information.

If you are engaged in Counseling or Therapeutic Relationships with Clients, please mail to the Stated Clerk the following:

- a copy of your current license or registration
- a Certificate of Insurance from your insurance company.

Please feel free to add any additional information or questions you may wish to share with the Committee on Ministry.

Thank you.

E-mail: anne@denpres.org Phone: 303-777-2453

Mail: Presbytery of Denver, 1710 South Grant Street, Denver, CO 80210