PRESBYTERY OF NORTHERN NEW YORK

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COMMISSIONED PASTOR (CRE) PROGRAM APPLICATION

Please fill out the following application so that we might gain a sense of who you are and of your call. Date Name Address____ Telephone (Home) (Office) **Church Membership Information:** Name of Church___ Pastor _____ Email Clerk of Session Email Date of membership in this church: Year Baptized & Denomination Ordained offices held: (deacon) (elder) Have you held membership in other Presbyterian churches? Please list: Total length of active service in the Presbyterian Church (U.S.A.) And its antecedents. Have you held membership in other denominations? Please list: List your service to the local church and middle governing bodies (Presbytery/Synod/GA).

List your high school and further education you may have received. Begin with your most recent educational experience.			
Year:	Institution:	Certificate/Degree:	
Why are you interested	ed in becoming a Commissioned Ruling Elde	er?	
What experiences hav Commissioned Lay P	ve you had which will assist you in being an astor?	effective	
What aspects of your	present church life do you enjoy most?		
What aspects of your	present church life are the most frustrating?		

What gifts and talents do you have which contribute to your ministry?
Please let us know what it means to you to be a Presbyterian.
In what areas of your life would you most like to grow?
If accepted, I understand I will be undertaking a commitment of both academic and practical nature. I am also willing to commit myself to continuing education after completing the program. This will be in consultation with the Committee on Preparation for Ministry and the Commission on Ministry.
SignatureDate
Date of endorsement by Session of Local Church
Signature of Clerk of Session
References [Please give name, email and telephone number of each person.] 1. A Pastor
2. A Church lay person
3. Non-Church related friend or colleague