# Application for Ecclesiastical Endorsement for Professional Organizations

Endorsement Office:

Rev. Anissa Glaser-Bacon

Minister for Ministers in Specialized Settings and Professional Endorsement Coordinator

1300 East 9th Street Suite 1100, Cleveland, Ohio 44115-1100

Glaser-bacona@ucc.org, 216-736-3886

Responsibilities of the Applicant:

**PRIOR TO STARTING THIS APPLICATION, PROVIDE THE ENDORSEMENT OFFICE WITH THE CONTACT INFORMATION FOR BOTH THE APPLICANT AND THE CHAIR OF THE COMMITTEE ON MINISTRY. IF YOU DO NOT KNOW THE CONTACT INFORMATION FOR THE CHAIR OF YOUR COMMITTEE ON MINISTRY, PLEASE CALL YOUR ASSOCIATION OFFICE.**

*Applicant is responsible for reading and following the Manual on Ministry Section 2, Article 5 information on Ecclesiastical Endorsement, found on the web at* [www.ucc.org/manual-on-ministry](https://www.ucc.org/manual-on-ministry/)  *or purchased from UCC Resources at https://www.uccresources.com/.*

*Arrange items in the proper order. Make a copy of ALL documents for your records BEFORE mailing or handing them over to the Committee on Ministry.*

*Mail, email or give to the Committee on Ministry, the following:*

*1. This application form is filled out in full, dated and with handwritten signatures where requested. Any documents not signed and dated with be returned for correction.*

*2. ALL documents requested are in the checklist below.*

*Make an appointment with the Committee on Ministry for a personal interview. Allow time for committee members to review your materials prior to the meeting.*

*Note: APC offers a free mentor to help with certification process; for more information see their website.*

*Instructions for Association Representative or Committee on Ministry Chair can be found on pages 12-13.*

Required Documents to be included with this Application:

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| \_\_\_\_\_\_\_ | A current, signed Application Form for Endorsement for Professional Organizations. **Required:** Include contact information for the Committee on Ministry Chair; if the applicant needs this information, contact the appropriate Association or Conference. |
| \_\_\_\_\_\_\_ | Letter from Local Church Board or Candidate’s Local Church Discernment Committee   1. recommending applicant as a suitable candidate for endorsement; *and* 2. stating applicant can start the endorsement process. |
| \_\_\_\_\_\_\_ | Letter from Local Church or Pastor stating   1. the date of applicant’s membership; *and* 2. how the applicant participates in the life of the church. (This may be combined with the above letter if from same writer.) |
| \_\_\_\_\_\_\_ | Signed Copy of the applicant’s Four Way Covenant (if not completed, send it in its current stage with the applicant’s signature. If a Four-Way Covenant does not yet exist, applicant should begin to create one in advance of completing this application.) |
| \_\_\_\_\_\_\_ | Verification of current ordained ministerial standing with UCC (letter from Association/Conference dated within one year of this application). |
| \_\_\_\_\_\_\_ | Verification of three years’ experience in the practice of ministry. (Example: a letter from Human Resources where the applicant works). **Note: At least one year out of the three (preferably more) must be post-ordination experience.** |
| \_\_\_\_\_\_\_ | Certification of educational attainments (copies only – no originals. If in a frame, make best copy possible or if not possible, then send transcripts as proof.)   1. Bachelor’s Degree, *and* 2. Master of Divinity degree or its equivalent |
| \_\_\_\_\_\_\_ | Verification of at least one quarter of clinical pastoral education (CPE unit) or its equivalent from an approved source. (Applicant should contact the professional organization to confirm their courses are acceptable.) |
| \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | At least three current letters of recommendation that focus on applicant’s suitability for the specialized ministry sought. Letters must be signed and dated originals (no copies, faxes, or scanned attachments), printed on letterhead, and include email of person recommending Applicant. (Preferably these recommendations are from a work supervisor, CPE supervisor and/or a co-worker belonging to the same professional organization; at minimum, the recommender must be well acquainted with the Applicant’s work skills and personality.) |
| \_\_\_\_\_\_\_ | Faith Journey: A three- to five- page paper describing applicant’s personal faith development. |

(continued)

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| \_\_\_\_\_ | Summary Paper: A three- to five- page paper addressing:   1. Applicant’s interest in and understanding of the specific specialized ministry for which you are requesting endorsement; *and* 2. Applicant’s understanding of being a representative of the United Church of Christ in this ministry setting. |
| \_\_\_\_\_ | Anything else the Committee feels should be added to this list in order to help them determine if the applicant is qualified for endorsement. |
| \_\_\_\_\_ | Committee on Ministry Letter of Ecclesiastical Endorsement, printed on official letterhead and supplied by the Chair of the Committee on Ministry. (To be included with the applicant’s original documents when the Chair sends the packet to the Endorsement Office at the national setting.) |

**I have read the above responsibilities carefully.**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of applicant |  | Date |
|  | | |

# Application for Ecclesiastical Endorsement with the United Church of Christ for Professional Organizations

*REQUIRED: Contact Endorsement Office to report Chair’s name and email BEFORE starting endorsement process. For any endorsement questions, contact: Rev. Anissa Glaser-Bacon, Minister for Members in Discernment and Professional Endorsement Coordinator, glaser-bacona@ucc.org, (216) 736-3886.*

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| **Chair, Committee on the Ministry, Contact Information:** | | | | | | | | | | ***Please type or print clearly:*** | | |
| Chair's Name:  Chair's Email: | | | |  | | | | | | | Phone: |  |
|  | | | | | | | | |
| Second Email: | | | |  | | | | | | | | |
|  | | | | | | |  | | | | | |
| **Applicant’s Contact Information** | | | | | | | ***Please type or print clearly:*** | | | | | |
| Name: | |  | | | | | | | | | | |
| Home Address: | | | | | |  | | | | | | |
|  | | | | | | |
| Cell Phone: | | |  | | | | | Home Phone: |  | | | |
| Email: |  | | | | | | | | | | | |
| Second Email: | | | | |  | | | | | | | |

## *Check one box and provide the information requested*.

|  |  |
| --- | --- |
| \_\_\_\_ | I am seeking endorsement for certification by a national professional organization. For example: ACPE, APC, CPSP, ICPC, NIBIC, etc. *(done by Association and finalized by national setting of UCC).* |
| \_\_\_\_ | I am seeking volunteer endorsement for a local (state/municipal/regional) organization. *Example: a volunteer chaplain for a city fire department (done by Association only). Endorsement is only valid for that particular situation*. *Resulting endorsement not to be used for APC, ACPE or any other professional organization or company.* |
| \_\_\_\_ | I am not joining a professional organization but need local endorsement only as a requirement for employment (done by Association only). *Endorsement is only valid for that employer and position. Resulting endorsement not to be used for APC, ACPE or any other professional organization or company.* |

## Organization for which you are seeking endorsement: *(please mark the appropriate box below and give the level applying for)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_\_ | Association for Clinical Pastoral Education; level: | | |  | |
|  |  | | | *ACPE Certified Educator* | |
| \_\_\_\_ | Association of Professional Chaplains; level: |  | | | |
| *Provisional Associate Certified Chaplain, Associate Certified Chaplain, Provisional Certified Board Chaplain, or Board Certified Chaplain* | | | |
| \_\_\_\_ | American Correctional Chaplains Association; level: | | | |  |
| *Certified Correctional Chaplain* |
| \_\_\_\_ | International Conference of Police Chaplains |  | | | |
| *Certified Police Chaplain* | | | |
| \_\_\_\_ | Other; Name of Organization and Level or Title: | |  | | |
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| **Education:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seminary or Regional Program graduated from: | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | *(Date of Graduation)* | | | |
| Degree(s) granted: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Ecclesiastical status:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| \_\_\_\_ | | I am an ordained minister of the United Church of Christ | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date of ordination: | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | -OR- | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| \_\_\_\_ | | *I transferred via Privilege of Call (POC) from another denomination*, | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date UCC ministerial standing granted: | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | Date of original ordination: | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| ***Note: The UCC does not endorse ministers with Privilege of Call status. Applicant must have been granted ordained ministerial standing.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I notified my previous denomination that I left the denomination on | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | *(date)* | |
|  | | *Please attach letter if available.* | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Local Church Status** | | | | | | | | | | | | | | | | | | | | | | ***Please type or print clearly:*** | | | | | | | |
| My standing is currently held in: | | | | | | | | | | | | | |  | | | | | | | | |  |  | | | | | |
| *(Association)* | | | | | | | | | *(Conference)* | | | | | |
| Current Position in Local Church: | | | | | | | | | | | | | |  | | | | | | | | |  |  | | | | | |
|  | | | | | | | | | | | | | | *(Pastor, Member, etc.)* | | | | | | | | |  | *(Starting Date)* | | | | | |
| Name of Church:  Address of Church: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Church Email: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| If you are a member, list the ways you are involved: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **Current employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of Employer: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Title: | | |  | | | | | | | | | | | | | | Length of Employment: | | | | | | | | |  | | | |
| Full-time | | | | \_\_\_\_ | | Part-time | | | | | | | \_\_\_\_ | | If part-time, how many hours per month: | | | | | | | | | | | | |  | |
| Do you have secondary employment: | | | | | | | | | | | | | | | \_\_\_\_ | Yes | | | | | \_\_\_\_ | No | | | | | | | |
| If yes, Employer:  Address of employer: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
| Title: | | |  | | | | | | | | | | | | | | Length of Employment: | | | | | | | | |  | | | |
| Full-time | | | | \_\_\_\_ | | Part-time | | | | | | | \_\_\_\_ | | If part-time, how many hours per month: | | | | | | | | | | | | |  | |

***List parish ministry experience or other ministerial experience (three most recent positions)***

|  |  |  |  |
| --- | --- | --- | --- |
| Church Name or Place | Location | Position | Years |
|  |  |  |  |
|  |  |  |  |
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***List Clinical Pastoral Education experience (last three locations)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Center | State | Year | Unit Level(s) | Supervisor |
|  |  |  |  |  |
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***If no CPE units from above, please list supervised pastoral counseling hours (last three locations)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Center | State | Year | Total Hours | Supervisor |
|  |  |  |  |  |
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**DEADLINE -**

Deadline set by the professional organization for submitting materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Month, day and year*

**Declaration**

**I declare the information provided on this form and in the documents I submit as part of my application for ecclesiastical endorsement is correct and factual, to the best of my knowledge. I understand that any information I submit which is intentionally false or misleading will disqualify me for endorsement or will be grounds for revocation of endorsement that has been granted**.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of applicant |  | Date |
|  | | |

*This Statement of Consent and Self Disclosure statement to be used for endorsement purposes only. Note that endorsement does not require a UCC profile but does require the Statement of Consent and the Self Disclosure from the UCC profile be filled out. These must be included with the endorsement application.*

**Self-Disclosure**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ministers applying for standing in the United Church of Christ must make a conscientious assertion about their ethical performance and are given space for relevant commentary.** | | | | | | |
| Have you ever been the subject of a fitness review in any entity affiliated with or setting of the United Church of Christ that resulted in: | | | | | | |
| Censure *(Required)*  Suspension *(Required)* |  | | Yes  Yes  Yes |  | No |
|  | |  | No |
|  | Termination of Ministerial Standing *(Required)* |  | |  | No |
| Are you currently engaged in a program of growth as the result of a fitness review in the United Church of Christ? *(Required)* | |  | | Yes |  | No |
| Are there any fitness reviews pending against you at this time by any setting or entity of or affiliated with the United Church of Christ? *(Required)* | |  | | Yes |  | No |
| Have you ever been the subject of an official disciplinary proceeding by another denomination, professional association, credentialing body, guild or employer that resulted in disciplinary action? *(Required)* | |  | | Yes |  | No |
| Are there any official disciplinary proceedings pending against you at this time by another denomination, professional association, credentialing body, guild or employer? *(Required)* | |  | | Yes |  | No |
| Have you ever been the subject of a civil lawsuit alleging that you attempted or engaged in sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct; which has ever resulted in a judgment being entered against you, settled out of court, or dismissed because the statute of limitations had expired? (*Required)* | |  | | Yes |  | No |
| Have you had your driving license suspended or revoked within the last 5 years? *(Required)* | |  | | Yes |  | No |
| Have you ever been found guilty of, pled guilty to, or pled no contest to criminal charges? (Exclude convictions that have been sealed, expunged or legally eradicated; any misdemeanor conviction for which probation was successfully completed; offenses about which inquiry is not permissible in the state in which you are seeking a position; acts of civil disobedience. With respect to driving record, only include matters of reckless driving, driving while intoxicated and/or driving under the influence of a controlled substance.) *(Required)* | |  | Yes | |  | No |
|  |  |  |  |
| Has your employment, a volunteer position, or professional credentials, ever been terminated or revoked, or have you been asked not to return to employment or a volunteer position in the future because you attempted or engaged in: | | | | | | |
| Sexual discrimination, harassment, exploitation or misconduct *(Required)*  Physical abuse *(Required)*  Child abuse *(Required)* |  | Yes  Yes  Yes | |  | No |
|  |  | No |
|  |  |  | No |
|  | Financial misconduct *(Required)* |  | Yes | |  | No |
|  |  |  |  | |  |  |
| Have you ever terminated your employment, a volunteer position, or professional credentials in order to avoid facing or to avoid being terminated because of charges of actual or attempted: | | | | | | |
| Sexual discrimination, harassment, exploitation, or misconduct *(Required)*  Physical abuse *(Required)*  Child abuse *(Required)* |  | Yes  Yes  Yes | |  | No |
|  |  | No |
|  |  |  | No |
|  | Financial misconduct *(Required)* |  | Yes | |  | No |
|  |  |  |  | |  |  |
| Are there any facts or circumstances involving you or your background that should be disclosed and/or further reviewed before you are entrusted with the responsibilities of ministry on behalf of a calling body of the United Church of Christ? *(Required)* | |  | Yes | |  | No |

If you answered yes to any of the above questions, please provide detailed explanation for all such affirmative answers. In addition to providing other relevant material, be sure to include dates and information for related official decisions, actions, reviews, etc. (by you and/or other parties) that affected your employment and/or ministerial standing and/or professional credentials. (Required)

**I recognize my responsibility to update this background disclosure in a timely manner should there be a change of status in any of the issues named above.**

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| Signature of applicant |  | Date |
|  | | |

**Statement of Consent**

The United Church of Christ Constitution recognizes that God calls the whole church and every member to participate in and extend the ministry of Jesus Christ [Article VI, paragraph 20]. God also calls certain of the church’s members to various forms of ministry in and on behalf of the church [Article VI, paragraph 21].

Persons seeking Ecclesiastical Endorsement with a UCC Conference or Association bring unique gifts, skills, and experiences. The integrity of this discernment process in the United Church of Christ depends upon supportive cooperation and considerate and appropriate sharing of information among UCC national offices, UCC conference and/or association personnel, search committees, local churches (UCC and otherwise), other ministry settings, educational institutions and those persons seeking Ecclesiastical Endorsement.

We are called to speak the truth in love. Our primary goal is, in all circumstances, to build up the body of Christ. Relationships between church bodies and persons seeking Ecclesiastical Endorsement require honesty, integrity, and truthfulness for the health of the church. In that spirit:

I attest that the information shared with the Committee on Ministry is true and complete to the best of my knowledge. I understand that any misrepresentation of omission may be grounds for rejection of consideration for, or termination of, the ministerial authorization process or ministerial authorization itself after that authorization is approved.

An open exchange of relevant information builds the foundation for continuing and healthy relationships between calling bodies and persons seeking a ministry position. In that spirit:

I authorize any member of the Committee on Ministry or the appropriate staff person of the conference to make inquiries regarding all statements contained in the information provided to the Committee on Ministry. I also authorize all persons, entities, former employers, committees on the ministry and their agents, current denominational representatives, courts, and law enforcement, educational institutions, and other public agencies to respond to inquiries concerning me, and to supply verification of the information provided to any member of the Conference Committee on Ministry or the appropriate staff person of the conference. I understand that such a person may comment on and state their opinions regarding my background and character to any member of the Committee on Ministry or the appropriate staff person of the conference. To encourage such a person to speak openly and responsibly, I hereby release them from all liability arising from their responses and comments made in good faith and without malice.

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| Signature of applicant |  | Date |

Instructions and Information for UCC Association Representative or Chair of the Committee on Ministry

Ecclesiastical endorsement is the judgment of and the verification by a Committee on Ministry that an ordained minister, seeking endorsement for a professional organization, is in good standing, has the ecclesiastical qualifications and personal qualities to minister in culturally diverse and pluralistic settings without prejudice.

1. Committee on Ministry reviews endorsement packet prior to meeting. If paperwork is missing or inadequate, signatures or dates missing, etc., Chair of the Committee on Ministry asks applicant to complete the packet.
2. The chair must confirm that the Self Disclosure pages have been completely filled out. If the applicant has not answered all questions, the Committee on Ministry must direct the Applicant to complete the Self Disclosure. If applicant answers “yes” to a question, there must also be a discussion on why. If the discussion meets with the approval of the COM and they feel it does not affect the person’s work as an endorsed minister in that specialized field, the Chair must write a letter to attach to the application stating
   1. the COM is aware of the situation where the “yes” answer appears;
   2. they have discussed it with the applicant; and
   3. they are satisfied that this will not affect the person’s work as an endorsed minister in that specialized setting. Details on the original confidential matter do not need to be in the letter.
3. Committee on Ministry meets with the applicant, interviews the applicant, and then approves or disapproves the endorsement. Candidate is notified by the Chair.
4. Chair of the COM or an authorized representative of the UCC association or conference signs the letter of endorsement. (*Newest templates for letters found at https://www.ucc.org/manual-on-ministry)*
5. A representative from the Association or the Chair of the Committee on Ministry notifies the UCC Endorsement Office that the endorsement packet was approved or disapproved. The Association representative or the COM Chair requests details on submission procedures based upon the deadline of the professional organization. (Contact Rev. Anissa Glaser-Bacon, Minister for Ministers in Specialized Settings and Professional Endorsement Coordinator, glaser-bacona@ucc.org, (216) 736-3886.)
6. Prior to mailing packet to Endorsement Office, update all contact information in the DataHub. Applicant’s UCC National Data Hub ID# \_\_\_\_\_\_\_\_\_\_\_

*(continued)*

1. If approved, Association representative or Chair of the Committee on Ministry scans and submits the documents (application, supporting documentation and the endorsement letter) to Rev. Anissa Glaser-Bacon, Minister for Ministers in Specialized Settings and Professional Endorsement Coordinator at glaser-bacona@ucc.org.
2. **Do not send the letter directly to the professional organization.** The UCC Endorsement office must stamp letter with the seal and place date underneath the seal. This date is the actual endorsement date and not the date of the letter. The Endorsement office is responsible for getting the letter with the seal to the appropriate professional organization. Please allow The Endorsement Office four to six weeks to process the packet.
3. The Endorsement Office will notify the applicant and the Association representative or the Chair of the Committee on Ministry that the Endorsement Letter was stamped with the UCC seal and is being forwarded to the appropriate organization. The Endorsement office will send copies to the applicant and to the Association for their filing in the minister’s permanent file.

Address where endorsement packet is to be sent for permanent record keeping:

|  |  |
| --- | --- |
| Association/Conference: |  |
| Street Address: |  |
|  |  |
| City, State, Zip |  |

I have read the above steps and information carefully.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Association representative or Chair of Committee on Ministry: | |  | Date |
|  | | | |
| Printed Name and Title: |  | | |