



# NORTHWEST COAST PRESBYTERY

## Application: Commissioned Pastor Candidate

Return to Northwest Coast Presbytery  
Danielle Riley, Commissioned Pastor  
daniellemcpc@gmail.com

**Name:**

**Contact Information:**

Email:

Address:

City:

State:

Zip:

Telephone: Home:

Cell:

Work:

**Church Membership:**

City:

State:

Pastor's Name:

Pastor's email/phone #:

Date of Ordination as Ruling Elder:

## FAITH/CHURCH HISTORY

Year of baptism:

Year of confirmation/profession of faith:

Where are your current/past areas of involvement in the life and mission of the church, either as a participant or leader that are most significant in your sense of call to the role of commissioned pastor. List no more than five. Mark current service with a star.

## ACADEMIC INFORMATION

Present/Most Recent School Attended:

Location:

Anticipated/Graduation Date:

List all academic institutions you have attended beginning with High School (if appropriate).

Institution:	Dates Attended:	Program/Major:	Diploma/Degree:
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## OCCUPATIONAL HISTORY

Beginning with current or most recent position, list employment history. Include the five most recent (up to 20 years as appropriate). Indicate part or full-time positions.

Dates:	Part/Full:	Employment:
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## REFERENCES

Two Additional References in addition to the pastor listed one page one. References should include two of the following: spiritual mentor, employer and unrelated friend/professor.

1. Name:

Address:

Phone:

Email:

How long have you known this person and in what capacity?

2. Name:

Address:

Phone:

Email:

How long have you known this person and in what capacity?

## REQUEST FOR COMMISSIONED PASTOR CANDIDACY

As an applicant for the Commissioned Pastor Candidacy program (indicate with X):

I certify no civil, criminal, ecclesiastical complaint has ever been sustained or is pending against me.

I am unable to make the above certification. I offer instead the attached description of the complaint and/or outcome of the complaint and it's disposition.

Signature:

Date:

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*For office use only:*

Date plan approved:

Date of Initial Commissioning:

Date of Re-commissioning:

Completion of Boundaries Training:

Dates of Continuing Ed:

Date:

Initial: Mentor

Assigned:

Address:

Phone:

Email: