

**APPLICATION FOR TRANSFER
NORTH ALABAMA CONFERENCE
THE UNITED METHODIST CHURCH**

Social Security # _____ Date: _____

Full Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

e-mail: _____ Cell Phone: _____

Place of Birth: _____ Date of Birth: _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Remarried ___

If Remarried, Numbered of Previous Marriages ___

Spouse's Name (Maiden Name) _____

Children's Name(s) and Age(s):

Are there any special needs or requirements for your spouse or children? (additional pages may be used if needed)

WORK EXPERIENCE: (Include Resume if Possible)

Date Employed	Employing Organization	Duties Performed

EDUCATION: (Please submit "Official" Transcripts)

Name & Location of College and/or Professional School Attending or Attended	Date of Entrance	Degree with date Completed or Expected	Specialization Major Minor	Grade Pt. Average

Write a brief autobiographical statement which includes a description of your family life as a child and youth, an account of your spiritual pilgrimage, a statement of how you experienced God's Call to ministry, churches served with years you were there and a goal statement of how you see yourself and your family in future service. *Try to do this in 1&1/2 to 3 pages - typed, double spaced.*

What is your understanding of The United Methodist Church's appointive system of itinerant ministry?

Are your spouse and children willing to itinerate in the appointive system of The United Methodist Church?

Describe your spouse's commitment to pastor ministry.

List five references with addresses, phone number and e-mail address who are acquainted with your current work as clergy:

THIS SECTION FOR PERSONS SEEKING TRANSFER FROM ANOTHER UNITED METHODIST CONFERENCE ONLY:

Name of Conference _____ District: _____

Name of District Superintendent: _____ Phone: _____

E-mail address _____

Address: _____

Conference Status: _____ Year status effective: _____

Why do you desire to transfer into to the North Alabama Conference?

THIS SECTION FOR PERSONS SEEKING TRANSFER FROM ANOTHER METHODIST DENOMINATION:

Name of Bishop: _____ Phone Number: _____

Address of Bishop: _____

Bishop e-mail: _____ DS e-mail: _____

Name of Dist. Supt.: _____ Phone Number: _____

Address of Dist. Supt.: _____

Your Conference Status: _____ Year status effective: _____

Why do you desire to become a United Methodist and why do you wish to transfer into the North Alabama Conference?

FOR PERSONS SEEKING TRANSFER FROM ANOTHER DENOMINATION:

Name of Denomination: _____

List person(s) to who you are directly accountable:

Name: _____ Phone Number: _____

Address: _____

e-mail address: _____

Name: _____ Phone Number: _____

Address: _____

e-mail address: _____

Status and/or ordination in your denomination: _____

Date(s) and Place(s) of Ordination: _____

Why do you wish to become a United Methodist Pastor in the North Alabama Conference?

THE FOLLOWING ARE TO BE COMPLETED By ALL: (use additional pages if needed)

In what ways do you experience the help of God's Holy Spirit in your life?

What do you believe about the Bible?

What do you believe about the Church?

What is the mission of the Church and what influences have helped shape your understanding of that mission?

Describe briefly your understanding of Armenian/Wesleyan Theology. What influence did Armenianism play in the development of the Wesleyan movement?

Describe your strengths for pastoral ministry?

Describe your weaknesses for pastoral ministry?

Describe your working relationship with supervisors.

Have you ever been accused in writing, investigated, arrested, indicted or convicted for a crime? If so, explain.

Have you ever been accused in writing, investigated, arrested, indicted, or convicted for any incident involving sexual misconduct or child abuse or molestation?

PHYSICAL AND EMOTIONAL HEALTH (TO BE COMPLETED By ALL):

What illness(es) have you had in the past year and what treatment and/or medication have you used?

What illness(es) have accompanying family members had in the past year and what treatment or medication has been used by them?

TO BE COMPLETED By ALL (except as noted)

Sign the form and submit it to the District Superintendent who gave it to you, along with a tape and transcript of a sermon you preached recently. *(The tape and transcript are optional for Ordained Elders of The United Methodist Church.)*

I understand that I will be expected to fulfill the requirements of ¶346-347 of the 2008 Book of Discipline and that additional requirements may be added by my District Committee on Ordained Ministry and/or the Conference Board of Ordained Ministry.

I give my permission for any research relating to any of the above information for the purpose of processing my application, and release of this information on a need to know basis to those making decisions related to my application.

Signed _____

NOTE: Please attach a recent photograph.

8/2011