

HOLSTON PRESBYTERY

COMMISSIONED LAY PASTOR TRAINING PROGRAM

Application

NAME: _____

ADDRESS: _____

PHONE: Home: _____ Work: _____

CHURCH: _____

Name

City

Year You Joined This Church: _____

Are You An Elder? NO YES Year Ordained: _____

Are You A Deacon? NO YES Year Ordained: _____

DESCRIBE YOUR PRESENT ACTIVITIES IN THE LIFE AND MISSION OF THE CHURCH:

PRESENT EMPLOYMENT: (Title, nature of work)

EDUCATIONAL BACKGROUND:

School/Location: Graduation Year: Degree: Major/Minor:

LIMITS: What factors may place limits on your ability to receive training, and to serve as a Commissioned Lay Pastor (such as physical disability, family situation, employment status, etc.?)

FAMILY SITUATION: (This information will help the Committee on Ministry in program planning): Single Married Number of Children: _____

STATEMENT

Please attach to this form your statement on the subject of “Why I Would Like to be Involved in the Commissioned Lay Pastor Program”.

You should take your completed form, and your statement that you attach to it to your pastor, or, if your church is without a pastor to the minister whom Presbytery has appointed to moderate your church’s Session. The minister will talk with you about your interest in the Commissioned Lay Pastor Program. Your minister will forward your application form and statement - along with the reference form which he or she will complete - the Presbytery’s Committee on Ministry.

SESSIONAL RECOMMENDATION

Date: _____

We, the Session of the _____ Presbyterian Church have examined and approved this applicant for the Lay Pastor Certification and Commissioning Program of HOLSTON Presbytery.

APPROVAL BY PRESBYTERY

(If other than HOLSTON)

The Presbytery of _____ approves the participation of the applicant in HOLSTON Presbytery’s program of Lay Pastor Certification and Commissioning.

Signed: _____ Date: _____

SIGNATURE:

I hereby apply for admission to the Commissioned Lay Preacher Training Program of HOLSTON Presbytery. I understand that successful completion of the program is a requirement for future commissioning as a Lay Pastor by HOLSTON Presbytery.

Signed: _____ Date: _____

**PRESBYTERY OF HOLSTON
COMMISSIONED LAY PASTOR TRAINING PROGRAM**

PASTOR'S STATEMENT

(To be completed by the applicant's pastor, or Presbytery-appointed Moderator of Session if applicant's church is without a pastor.)

Please furnish your comments pertaining to the areas listed below. Use the reverse side of this sheet, or attach additional pages, if more space is needed. Your responses will be confidential, and will be used only by Presbytery's Committee on Ministry in considering this person's application for enrollment in the Commissioned Lay Pastor Training Program.

CHRISTIAN COMMITMENT AND MATURITY:

LEADERSHIP ABILITY:

ABILITY TO WORK WITH PEOPLE:

OPENNESS TO IDEAS AND TO LEARNING:

YOUR ASSESSMENT OF THIS PERSON'S SUITABILITY TO SERVE IN THIS WAY:

OTHER COMMENTS YOU WISH TO ADD:

Signed: _____ Date: _____

Please return this form, along with the Application Form and attached Statement, which the applicant has completed, to: **COMMITTEE ON MINISTRY, HOLSTON PRESBYTERY, P. O. Box 3647, Kingsport, TN 37664-3647**

**MENTOR
FOR
COMMISSIONED LAY PASTORS**

1. MENTOR QUALIFICATIONS

- 1.1 The Mentor shall be a minister member of the Presbytery.
- 1.2 Selection shall be by mutual agreement between the CLP and the Mentor.
- 1.3 The Mentor shall be appointed by the COM at the CLP commissioning.
- 1.4 In general, a pastor should serve as a Mentor for one CLP at a time.
- 1.5 It will, generally, be advisable that a minister other than the CLP's own pastor serve as Mentor.

1. RESPONSIBILITIES OF THE MENTOR

- 2.1 Meet at least quarterly with the CLP to:
 - A. Review the work of the CLP
 - B. Provide counsel, coaching and encouragement
 - C. Identify opportunities for growth in leadership
- 2.2 Periodically confer with the Sessions of churches by the CLP to identify opportunities for growth; CLP serving in an ongoing Supply relationship shall be done at least quarterly.
- 2.3 Oversee the CLP's continuing education; supervise and report to the Committee on Ministry alternative forms of continuing education when the CLP is unable to attend the educational event sponsored by Presbytery.

ANNUAL REPORT
for
COMMISSIONED LAY PASTORS

NAME: _____

Address: _____

Home Phone: _____ Work Phone: _____

Church: _____

1. List churches in which you have preached and number of times:

2. Briefly evaluate your experience for this year:

3. Did you participate in the CLP Continuing Education Event? Yes: No:

4. What other Continuing Education events or work did you participate in this year?
What topic for next year's event would be helpful to you?

5. How could the CLP Subcommittee assist you to improve your ministry?

6. Do you wish to be re-certified for the next year? Yes: No:

7. What commitment of your time would you be able to make for the next calendar year?
Are there restrictions of which we need to be aware?

Signature: _____

SAMPLE

COMMISSIONED LAY PASTOR AGREEMENT

The following agreement between the Session(s) of _____
_____ and _____
is for the purpose of providing Interim Pastoral Services to _____
_____ Church(es) within the bounds of HOLSTON Presbytery.

The duties of the Interim shall include those functions ordinarily filled by the Pastor, such as regular schedule of services and preaching, pastoral calling, crisis situations, etc.

Goals for this ministry shall be:

(List specific items agreed upon by Session (s) and the Lay Pastor.)

This agreement is for a period of up to _____ months and may be renewed if agreeable to all parties and approved by the Committee on Ministry. This agreement may be terminated by the Session(s) upon 30 days written notice. The Commissioned Lay Pastor may terminate may terminate the agreement with a 30 days written notice and forfeiture of any payment beyond that period.

Terms of the agreement:

1 - Commissioned Lay Pastor is employed on a full time/part time basis serving approximately _____ Hours per week.

2 - Salary: _____
Travel Reimbursement: _____
(Reimbursement by voucher)

3 – Vacation: _____
(To be earned at the rate of one (1) week per quarter and used or accumulated as agreed upon.)

SIGNATURES:

DATES:

Commissioned Lay Pastor

Clerk(s) of Session(s)

COM Chairperson
