



Christian Church in Ohio
(Disciples of Christ)

Commission on Ministry
Candidate Information Form

Personal Information

Last Name: First: M.I.
Address: Apt #:
City: State: Zip:
Home Phone: Cell Phone: Birth Date:
Email: Marital Status: Spouse Name:

Call Information – Vocation & Education

Home Church Name: Church City:

Introducing Pastor:

List leadership positions in the church you have held:

Yes, Seeking to be an Ordained Minister Yes, Seeking to be a Licensed Minister

You feel you are called to: (check all that apply)

Pastoral Ministry Social Work Seminary Teaching Counseling
 Music Ministry Campus Ministry Christian Youth Ed. Chaplain
 Other:

Seminary: Year to graduate:

College Attended: Degree: Year Graduated:

College Attended: Degree: Year Graduated:

High School: Year Graduated: