

## DISCERNMENT FOR AUTHORIZED MINISTRY



Committee on Ministry, Central Association  
Massachusetts Conference, United Church of Christ  
6 Institute Road Box 5  
Worcester, MA 01609

### FORMS

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Form A

Candidate's Letter of Request

Date \_\_\_\_\_

Dear Committee on Ministry,

I have read the policies and expectations of the discernment process of the Central Association. I am aware of the expectations of the discernment process for authorized ministry. Having prayerfully reviewed them with my local church, I consent to being lifted up by my home congregation for consideration by the Committee on Ministry.

Enclosed you will find the completed application.

1. Letter of support from the local church (Form B)
2. Certification of local church membership (Form C)
3. Letter of reference the local church pastor (Form D)
4. Second letter of reference (Form D)
5. Third, letter of reference (Form D)
6. Official transcripts from any undergraduate and graduate studies.
7. A paper written by the candidate. This paper should not exceed 10 pages.
8. Candidate Release Form (Form F)
9. Picture of yourself

\_\_\_\_\_ I have completed the online background check thru Oxford Document Management Company.

\_\_\_\_\_ I have not been a candidate in any other discernment processes with another association or denomination.

\_\_\_\_\_ I have been a candidate in another discernment process with \_\_\_\_\_ (association or denomination) and have released my complete file to the Central Association Committee on Ministry.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Local Church \_\_\_\_\_

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Form B

Initial Letter from the Local Church

Candidate's Name \_\_\_\_\_  
Local Church \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_

Local Church Pastor \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

We have, in consultation with \_\_\_\_\_ (candidate), reviewed the policies and expectation and have formally agreed to lift her or him up for your consideration. If, when interviewed, the candidate is received into or renewed in the discernment process, our local church agrees to offer the necessary spiritual, emotional and financial support.

\_\_\_\_\_  
(local church committee chair)

\_\_\_\_\_  
(local church pastor)

The above named candidate is seeking to enter into or continue in the discernment process with the Central Association of the Massachusetts Conference of the United Church of Christ. The Committee of Ministry has the responsibility for determining whether or not to proceed with this request and will consider the candidate's potential for or progress toward authorized ministry.

Please describe the process used by the local church to interview and recommend the candidate named above.

Based on your assessment of the candidate please address the following:

- \_\_\_\_\_ How long and in what capacity have you known the candidate?
- \_\_\_\_\_ What are the candidate's skills and areas of strength?
- \_\_\_\_\_ Where does the candidate need further development?
- \_\_\_\_\_ Explain why you would or would not recommend that the candidate proceed towards authorized ministry.

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Form C

Certification of Local Church Membership

Candidate's Name \_\_\_\_\_  
Local Church \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
  
Local Church Pastor \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
  
Clerk \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Having reviewed our records, we attest that \_\_\_\_\_ (candidate) joined  
our congregation on \_\_\_\_\_ (date). S/he has remained an active member since  
\_\_\_\_\_ (date).

\_\_\_\_\_  
(clerk)

\_\_\_\_\_  
(local church pastor)

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Form D

Letter of Reference

Candidate's Name \_\_\_\_\_  
Referrer's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

The above-named candidate is seeking to enter into or continue in the discernment process with the Central Association of the Massachusetts Conference of the United Church of Christ. The Committee of Ministry has the responsibility for determining whether or not to proceed with this request and will consider the candidate's potential for or progress toward authorized ministry.

Based on your assessment of the candidate please address the following:

- \_\_\_\_\_ How long and in what capacity have you known the candidate?
- \_\_\_\_\_ What are the candidate's skills and areas of strength?
- \_\_\_\_\_ Where does the candidate need further development?
- \_\_\_\_\_ Explain why you would or would not recommend that the candidate proceed towards authorized ministry.

Signature \_\_\_\_\_

*This material is confidential. If you would like to share it with the candidate, you may do so by sending him or her a copy. This reference must be submitted in a sealed and signed envelope to the candidate, so that he or she may include it with the other application materials.*

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Form F  
(Modified 6-3-15)  
Candidate Release

Candidate's Name \_\_\_\_\_

You have the right to be treated in accordance with professional and ethical standards of conduct. You have the right to be respected as an individual, regardless of your gender, race, religious perspective, sexual orientation or ability.

Confidentiality is an important ethical issue that directly affects the discernment process and the health of the Body of Christ. You have the right to confidentiality. During the course of your discernment process your files will be kept in a secure environment.

For the purposes of discernment, please sign the following statement.

*I, \_\_\_\_\_ (print name) authorize the members of the Committee on Ministry of the Central Association to copy, review and discuss my files when relevant to the work of discernment. This includes all papers, transcripts, references, field education evaluations and clinical pastoral education evaluations. I further grant permission to my Discernment Advisor to be in contact with my seminary/theological school and/or academic advisor to discuss my progress as relates to discernment and fitness for ministry.*

*I agree to release my Psychological Evaluation, as administered by an approved counseling center, to my Discernment Advisor and to the members of the Committee on Ministry. I can expect that any copies made of the report will be shredded or otherwise properly destroyed.*

*I release, indemnify, and agree to hold harmless the Central Association, its staff, officers, Committee members, attorneys, consultants and approved counseling center affiliates from any action or cause of action, arising from any action taken under the above authorization, or from any use of the evaluation and further information in reviewing my fitness for ordained ministry, or from the dissemination of the evaluation or further information to other persons. I understand that any documents provided to the Central Association in accordance with the Authorization and Release shall become its sole property and may be retained by the Association, notwithstanding any subsequent withdrawal of my application for, or resignation from, authorized ministry status. This Authorization and Release may not be rescinded or modified, except with the express written agreement of the Central Association.*

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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Form G

Annual Report of Advisor

Candidate's Name \_\_\_\_\_  
Advisor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
Phone \_\_\_\_\_

Date \_\_\_\_\_

First Annual Review \_\_\_\_\_  
Second Annual Review \_\_\_\_\_  
Other \_\_\_\_\_

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1. How often did you meet with the candidate to review his or her educational progress, goals, and needs, to review expectations, requirements and procedures of the discernment relationship?

2. Which of the following have you reviewed and discussed with your candidate?

- \_\_\_\_\_ The United Church of Christ Statement of Faith
- \_\_\_\_\_ Ordained Minister's Code
- \_\_\_\_\_ Ordination Vows
- \_\_\_\_\_ The Central Association Boundary Training

3. Which of the following reports have you reviewed and discussed with your candidate?

- \_\_\_\_\_ Psychological Evaluation
- \_\_\_\_\_ Field Education Final Evaluation(s)
- \_\_\_\_\_ Clinical Pastoral Education Final Evaluation
- \_\_\_\_\_ Seminary Middler Review





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Form H

Annual Update by Candidate

Candidate's Name \_\_\_\_\_  
Advisor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Date \_\_\_\_\_

*(check one)*

First Annual Review \_\_\_\_\_  
Second Annual Review \_\_\_\_\_  
Other \_\_\_\_\_

- 
- 
1. How often did you meet with your advisor?
  
  2. For candidates in their first year, have you completed the following?  
\_\_\_\_\_ Psychological Evaluation  
\_\_\_\_\_ Boundary Training  
\_\_\_\_\_ UCC Polity Course
  3. Which of the following have you reviewed and discussed with your advisor?  
\_\_\_\_\_ The United Church of Christ Statement of Faith  
\_\_\_\_\_ Ordained Minister's Code  
\_\_\_\_\_ Ordination Vows  
\_\_\_\_\_ The Central Association Boundary Training
  4. Which of the following reports have you reviewed and discussed with your advisor?  
\_\_\_\_\_ Psychological Evaluation  
\_\_\_\_\_ Field Education Final Evaluation(s)  
\_\_\_\_\_ Clinical Pastoral Education Final Evaluation  
\_\_\_\_\_ Seminary Middler Review

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5. Describe your relationship to your advisor.

6. Describe your field education and/or clinical pastoral education.

7. Describe your seminary/theological school experience.

8. Have you applied to the Central Association Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

9. List the wider church events, if any, that you have attended this year