



METROPOLITAN ASSOCIATION
NEW YORK CONFERENCE – UNITED CHURCH OF CHRIST

Committee on Ordination and Ministerial Standing

79-11 Caldwell Avenue – Middle Village, New York 11379

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Email: UCCNYMetro@aol.com

APPLICATION FOR “IN-CARE” OF ASSOCIATION

Name in full _____

Last

MI

First

Home address _____ Home telephone _____

_____ Cell telephone _____

School address _____ School telephone _____

_____ E-mail address _____

Date of birth _____ Place of birth _____

Family status _____ spouse/partner's name _____

Present occupation, if not a student _____ Work telephone _____

If under 18, parents' names _____

CHURCH INFORMATION

Church membership is in _____ Date Joined _____

Address _____

Pastor _____

Date of Baptism _____ In what church? _____

Date of Confirmation, or first membership _____ In what church? _____

Names and location of other churches of which you have been a member: _____

Experience, service, responsibilities in local church(es): _____

EDUCATION INFORMATION – Use Back of Form if More Space Needed

High School(s) _____ Yrs. attended _____ Year of graduation _____

College(s) _____ Yrs. attended _____ Year of graduation _____
and degree _____

Seminary(ies) _____ Yrs. attended _____ Date of expected
Completion _____

Plans for college/seminary _____ Degree _____

PERSONAL INFORMATION

Have you ever been found guilty of a criminal charge including but not limited to alleged actual or attempted sexual harassment, exploitation, misconduct, or physical abuse?

Yes No

Have you ever been found guilty of a civil or ecclesiastical charge including but not limited to alleged actual or attempted sexual harassment, exploitation, misconduct or physical abuse?

Yes No

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, misconduct or physical abuse by you?

Yes No

If your answers to any of the above questions are “Yes” please explain: _____

I hereby authorize the Metropolitan Association of the United Church of Christ to have access to all ecclesiastical, educational, civil, psychological and personal records pertaining to my fitness for the status for which I am applying and agree that any false statements may be cause for appropriate action.

Signature _____ Date _____