| POD Fo | orm 1A |  |
|--------|--------|--|
| DATE:  |        |  |

## BACKGROUND INFORMATION FOR SESSION AND COMMITTEE ON PREPARATION FOR MINISTRY

#### PERSONAL INFORMATION

| NAME OF APPLICANT:                              |                       |                      |                 |                 |                |  |
|---|-----------------------|----------------------|-----------------|-----------------|----------------|--|
| (FAMILY) (I                                     |                       | (First)              | (First)         |                 | (MIDDLE/NATAL) |  |
|   | (STREET OR PO BOX)    | (Cr<br>Alt. Phone #: | ГҮ)             | (ST)            | (ZIP)          |  |
|   | (H/O/M)               | ALI. PHONE #.        |                 |                 | (H/O/M)        |  |
| E-MAIL:   |                       |                      |                 |                 |                |  |
| PERMANENT ADDRESS: _ (IF SAME, WRITE IN "SAME") | (STREET OR PO BOX)    | (CI                  | тү)             | (ST)            | (ZIP)          |  |
| GENDER: DAT                                     | E OF BIRTH:           | ETHNIC               | ORIGIN:         |                 |                |  |
|   | FAMILY                | SITUATION            |                 |                 |                |  |
| MARITAL STATUS: SINGL                           | e Married             | SEPARATED            | DIVORCED        | WI              | DOWED          |  |
| BIRTHDATES OF CHILDRE                           | N:                    |                      |                 |                 |                |  |
| ARE YOU AND YOUR FAMI<br>WITH THEOLOGICAL STUD  |                       |                      |                 | N IN CON<br>YES |                |  |
| IF YOU ARE LIMITED IN YO                        | OUR ABILITY TO RELOC. | ATE, PLEASE DESCI    | RIBE ON THE F   | OLLOW           | ING LINES:     |  |
|   |                       |                      |                 |                 |                |  |
|   | Church In             | NFORMATION           |                 |                 |                |  |
| YEAR OF YOUR BAPTISM:                           | YEAR OF YOU           | JR CONFIRMATION/     | PROFESSION      | OF FAITI        | н:             |  |
| CHURCH OF MEMBERSHIP                            | <del></del>           |                      |                 |                 |                |  |
| APPROXIMATE NUMBER C                            | OF MEMBERS:           | DATE JOINED:         |                 |                 |                |  |
| Most recent Previous                            | CHURCHES (INCLUDE U   | P TO THREE):         | DATES OF M      | EMBERS          | SHIP:          |  |
|   |                       |                      |                 |                 |                |  |
| Have you been ordaine                           | ED AS AN ELDER IN THE | PC(USA) [Y/N]?       | Da <sup>r</sup> | ТЕ:             |                |  |
| HAVE YOU BEEN ORDAINE                           | ED AS A DEACON IN THE | PC(USA) [Y/N]?       | Da              | ГЕ:             |                |  |
| HAVE YOU BEEN ORDAINE                           | ED IN ANOTHER DENOM   | NATION [Y/N]?        | Da'             | ΤЕ:             |                |  |
| IF SO, NAME OF DENOMIN                          | ATION:                |                      | OFF             | FICE:           |                |  |

#### POD Form 1A

| AREA OF INVOLVEMENT   | •  |  | P or L'                   |
|---|--|--|---------------------------|
| AREA OF INVOLVEMENT   | •  |  | TOKL                      |
|   |  |  |                           |
|   |  |  |                           |
|   |  |  |                           |
|   |  |  | <del></del> ,             |
|   |  |  | <u> </u>                  |
|   | ACADEMIC INFORMATION   |  |                           |
| T   |  |  |                           |
|   | TITUTIONS YOU HAVE ATTENDED, BEGINN<br>ON REQUESTED IN EACH COLUMN. IF YOU   |  |                           |
|   | I, INDICATE YOUR ACADEMIC CLASSIFICA   |  |                           |
|   | Dates Progra   | AM ACADEMIC  | DIPLOMA/                  |
| Institution   | ATTENDED OR MAJ  |  | DEGREE                    |
| INSTITUTION   | ATTENDED OK MAJ  | JOK AVEKAGE  | DEGREE                    |
| INSTITUTION   | ATTENDED OR MAN  | JOK AVERAGE  | DEGREE                    |
| INSTITUTION   | ATTENDED OR MAN  | TOR AVERAGE  | DEGREE                    |
| INSTITUTION   | ATTENDED ORIVIA  | TVERAUE  | DEGREE                    |
| INSTITUTION   | ATTENDED ORIVIA  | TVERAUE  | DEGREE                    |
|   |  |  |                           |
|   | R ACADEMIC INTERESTS/GIFTS BY COMPLI   |  |                           |
|   | R ACADEMIC INTERESTS/GIFTS BY COMPLI<br>SUBJECTS IN WHICH YOU DID YOUR   | ETING THE FOLLOWI<br>SUBJECTS IN WHI                   | NG TABLE:                 |
| BRIEFLY DESCRIBE YOU  | R ACADEMIC INTERESTS/GIFTS BY COMPLI   | ETING THE FOLLOWI                                      | NG TABLE:                 |
| BRIEFLY DESCRIBE YOUR   | R ACADEMIC INTERESTS/GIFTS BY COMPLI<br>SUBJECTS IN WHICH YOU DID YOUR   | ETING THE FOLLOWI<br>SUBJECTS IN WHI                   | NG TABLE:                 |
| BRIEFLY DESCRIBE YOUR<br>HIGH SCHOOL<br>COLLEGE   | R ACADEMIC INTERESTS/GIFTS BY COMPLI<br>SUBJECTS IN WHICH YOU DID YOUR   | ETING THE FOLLOWI<br>SUBJECTS IN WHI                   | NG TABLE:                 |
| BRIEFLY DESCRIBE YOUR<br>HIGH SCHOOL<br>COLLEGE   | R ACADEMIC INTERESTS/GIFTS BY COMPLI<br>SUBJECTS IN WHICH YOU DID YOUR<br>BEST ACADEMIC WORK   | ETING THE FOLLOWI<br>SUBJECTS IN WHI<br>LESS WELL      | NG TABLE:<br>CH YOU DID   |
| BRIEFLY DESCRIBE YOUR HIGH SCHOOL COLLEGE GRADUATE SCHOOL   | R ACADEMIC INTERESTS/GIFTS BY COMPLI<br>SUBJECTS IN WHICH YOU DID YOUR<br>BEST ACADEMIC WORK   | ETING THE FOLLOWI<br>SUBJECTS IN WHI<br>LESS WELL      | NG TABLE:<br>CH YOU DID   |
| BRIEFLY DESCRIBE YOUR HIGH SCHOOL COLLEGE GRADUATE SCHOOL PROFESSIONAL SCHOOL   | R ACADEMIC INTERESTS/GIFTS BY COMPLI<br>SUBJECTS IN WHICH YOU DID YOUR<br>BEST ACADEMIC WORK   | ETING THE FOLLOWI SUBJECTS IN WHI LESS WELL            | NG TABLE:<br>CH YOU DID   |
| BRIEFLY DESCRIBE YOUR HIGH SCHOOL COLLEGE GRADUATE SCHOOL PROFESSIONAL SCHOOL HAVE YOU EVER HAD AN                    | R ACADEMIC INTERESTS/GIFTS BY COMPLICATION SUBJECTS IN WHICH YOU DID YOUR BEST ACADEMIC WORK   | ETING THE FOLLOWI SUBJECTS IN WHI LESS WELL            | NG TABLE:<br>CH YOU DID   |
| BRIEFLY DESCRIBE YOUR HIGH SCHOOL COLLEGE GRADUATE SCHOOL PROFESSIONAL SCHOOL HAVE YOU EVER HAD AN                    | R ACADEMIC INTERESTS/GIFTS BY COMPLIENCE SUBJECTS IN WHICH YOU DID YOUR BEST ACADEMIC WORK  I "INDIVIDUALIZED EDUCATIONAL PROGRESSION THE IED INCLUDE? | ETING THE FOLLOWI SUBJECTS IN WHI LESS WELL            | NG TABLE: CH YOU DID      |
| BRIEFLY DESCRIBE YOUR HIGH SCHOOL COLLEGE GRADUATE SCHOOL PROFESSIONAL SCHOOL HAVE YOU EVER HAD AN WHAT ACCOMMODATION | R ACADEMIC INTERESTS/GIFTS BY COMPLIANCE SUBJECTS IN WHICH YOU DID YOUR BEST ACADEMIC WORK  I "INDIVIDUALIZED EDUCATIONAL PROGRES DID THE IEP INCLUDE? | ETING THE FOLLOWI SUBJECTS IN WHI LESS WELL  RAM"? YES | NG TABLE: CH YOU DID/No   |
| BRIEFLY DESCRIBE YOUR HIGH SCHOOL COLLEGE GRADUATE SCHOOL PROFESSIONAL SCHOOL HAVE YOU EVER HAD AN WHAT ACCOMMODATION | R ACADEMIC INTERESTS/GIFTS BY COMPLIENCE SUBJECTS IN WHICH YOU DID YOUR BEST ACADEMIC WORK  I "INDIVIDUALIZED EDUCATIONAL PROGRESSION THE IED INCLUDE? | ETING THE FOLLOWI SUBJECTS IN WHI LESS WELL RAM"? YES  | NG TABLE: CH YOU DID  /NO |

#### **POD Form 1A**

#### OCCUPATIONAL HISTORY

BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION, LIST ALL FULL-TIME OR PART-TIME JOBS OR OCCUPATIONS IN WHICH YOU HAVE BEEN EMPLOYED. INCLUDE THE FIVE (5) MOST RECENT IN UP TO THE PAST TWENTY (20) YEARS. INDICATE PART-TIME BY PLACING "PT" BESIDE TITLE.

| JOB TITLE       |              | DATES                | WHAT DID YO ENJOY MOST? | U           | WHAT DID<br>ENJOY LEA |         |
|-----------------|--------------|----------------------|-------------------------|-------------|-----------------------|---------|
|                 |              |                      |                         |             |                       |         |
|                 |              |                      | -                       |             |                       |         |
|                 |              |                      |                         |             |                       |         |
|                 |              |                      |                         |             |                       |         |
| _               |              |                      |                         |             |                       |         |
|                 |              |                      |                         |             |                       |         |
|                 |              | Refer                | ENCES                   |             |                       |         |
|                 |              | E AT LEAST TWO OF TH |                         |             |                       | VRCH; A |
| FORMER EMPLOYE  | R; A PEER; O | R A FORMER PROFESS   | SOR OR SCHOOL AL        | OMINISTRATO | OR.                   |         |
| NAME:           |              |                      |                         |             |                       |         |
| (TITLE)         | (First)      |                      | (FAMILY)                |             |                       |         |
| ADDRESS:        | (S           | TREET OR PO BOX)     |                         | (CITY)      | (ST)                  | (ZIP)   |
| MAIN PHONE #:   |              | (H/O/M)              | ALT. PHONE #:           |             |                       |         |
| ENGATE .        |              |                      |                         |             |                       | (H/O/M) |
| How Long Havi   |              | VN THIS PERSON?      |                         |             |                       |         |
| 110 W LONG ILIV | 2 TOO IN (O) | _                    |                         |             |                       |         |
| NAME:           |              |                      |                         |             |                       |         |
| (TITLE)         | (FIRST)      |                      | (FAMILY)                |             |                       |         |
| ADDRESS:        | (Cr          | TREET OR PO BOX)     |                         | (CITY)      | (ST)                  | (ZIP)   |
| MAIN PHONE #:   |              | TREET OR FO BOX)     | ALT. PHONE #:           | (CIIY)      | (31)                  | (ZIP)   |
| Esser           |              | (H/O/M)              |                         |             |                       | (H/O/M) |
| ·               |              |                      |                         |             |                       |         |
| HOW LONG HAVI   | E YOU KNOV   | VN THIS PERSON?      |                         |             |                       |         |
|                 |              |                      |                         |             |                       |         |
| NAME: (TITLE)   | (First)      |                      | (FAMILY)                |             |                       |         |
| ADDRESS:        | , ,          |                      | ,                       |             |                       |         |
| MADI DIVONE #   |              | TREET OR PO BOX)     |                         | ` ′         | (ST)                  | (ZIP)   |
| MAIN PHONE #:   |              | (H/O/M)              | ALT. PHONE #:           |             |                       | (H/O/M) |
| FMAII.          |              |                      |                         |             |                       | . ,     |
| HOW LONG HAVE   | T VOLLENOU   | UNI THIS DEDSON'S    |                         |             |                       |         |

#### QUESTIONS FOR REFLECTION

REFLECT ON AND THEN WRITE RESPONSES IN THE SPACE PROVIDED TO THE FOLLOWING QUESTIONS.

| 1) | DESCRIBE YOURSELF AS A PERSON.  |
|----|---|
| 1) | DESCRIBE TOURSELF AS A PERSON.  |
| 2) | DESCRIBE BRIEFLY YOUR UNDERSTANDING OF WHAT IT MEANS TO YOU TO BE AN INQUIRER. PLEASE INCLUDE THE MOST IMPORTANT EVENTS, EXPERIENCES AND PERSONS THAT HAVE PROMPTED YOU TO APPLY TO DESCRIPE AN INCLUDED. |
|    | TO BECOME AN INQUIRER.  |
| 3) | WRITE A BRIEF STATEMENT OF YOUR PERSONAL FAITH DESCRIBING WHAT YOU BELIEVE ABOUT GOD, JESUS CHRIST, THE HOLY SPIRIT AND YOUR RELATIONSHIP TO THEM.  |
|    |   |
| 4) | What does it mean to you to be Presbyterian?  |
| 5) | DESCRIBE YOUR CURRENT SPIRITUAL PRACTICES AND DISCIPLINES.  |
| σ, |   |
| 6) | WHO/WHAT IS YOUR IDEAL/ROLE MODEL FOR MINISTRY? WHAT DO YOU EXPECT IN YOUR MINISTRY? WHAT ASPECT OF MINISTRY DO YOU FIND LEAST INTERESTING?   |
|    |   |
| 7) | WHAT ARE YOU DOING TO MAINTAIN YOUR PHYSICAL AND EMOTIONAL HEALTH?  |
| 8) | COMMENT ON WHAT HAVE BEEN/ARE SOME OF YOUR MORE MEANINGFUL INTERESTS AND HOBBIES.   |
| 0) | COMMENT ON WHAT HAVE BEEN ARE SOME OF TOUR MORE MEANINGFUL INTERESTS AND HOBBIES.   |
| 9) | AFTER COMPLETING AND REVIEWING FORM 1C OF THIS APPLICATION TO BE RECEIVED AS AN INQUIRER, BRIEFLY DISCUSS HOW YOU PLAN TO FINANCE YOUR THEOLOGICAL EDUCATION.   |
|    |   |
| S  | GNATURE: DATE:  |

#### FINANCIAL PLANNING FOR THEOLOGICAL EDUCATION

| On the following pages, enter descriptions in underlined fields and whole dollar amounts in shaded fields as needed. Other fields will automatically ESTIMATED FINANCIAL RESOURCES  Monthly Total Annual Total Overall Totals Projected Need Income | tabulate. |
|---|-----------|
| Monthly Total Annual Total Overall Totals Projected Need Income   |           |
| Income  |           |
|   |           |
|   |           |
| Student earnings  |           |
| Spouse earnings   |           |
| Guaranteed income (Social Security, VA, etc.)   |           |
| Child Support payments received  Other (specify):   |           |
| Other (specify):  |           |
| Total Income: \$0 \$0   |           |
| Total medice.   |           |
| Other Assistance  |           |
| Home Church/Congregational support  |           |
| Family/Friends support  |           |
| Presbytery support  |           |
| PCUSA scholarships/loans  |           |
| Foundations or Corporations grants  |           |
| Other (specific):   |           |
| Other (specifiy):   |           |
| Total Other Assistance: \$0   |           |
| Current Assets  |           |
| Cash and savings  |           |
| Investments (CDs, stocks, etc.)   |           |
| Retirement savings (IRAs, 401Ks, etc.)  |           |
| Real Estate   |           |
| Automobiles (value over any amount owed)  |           |
| Other (specify):  |           |
| Other (specify):  |           |
| Total Current Assets: \$0   |           |
| Total Estimated Financial Resources: \$0  |           |

|   | ES            | TIMATED EXPENS | ES             |                |
|---|---------------|----------------|----------------|----------------|
|   | Monthly Total | Annual Total   | Overall Totals | Projected Need |
| Educational Expenses                            | ,             |                |                | •              |
| Annual tuition                                  |               |                |                |                |
| Special academic programs (CPE, intern, etc.)   |               |                |                |                |
| Fees  |               |                |                |                |
| Books   |               |                |                |                |
| Other (specify):                                |               |                |                |                |
| Other (specify):                                |               |                |                |                |
| Total Educatioal Expenses:                      |               | \$0            |                |                |
| Living Expenses                                 |               |                |                |                |
| Rent/mortgage payment                           |               |                |                |                |
| Utilities                                       |               |                |                |                |
| Food & household supplies                       |               |                |                |                |
| Automobile (payments, insurance, fuel, etc.)    |               |                |                |                |
| Telecommunications (phone, cell, online, etc.)  |               |                |                |                |
| Clothing  |               |                |                |                |
| Incidentals                                     |               |                |                |                |
| Health insurance (only "out of pocket" expense) |               |                |                |                |
| Other medical/dental                            |               |                |                |                |
| Transportation:                                 |               |                |                |                |
| Dependent allowance                             |               |                |                |                |
| Child Care                                      |               |                |                |                |
| Child Support payments                          |               |                |                |                |
| Life insurance premiums                         |               |                |                |                |
| Charitable donations                            |               |                |                |                |
| Other (specify):                                |               |                |                |                |
| Other (specify):                                | 4.5           | 10             |                |                |
| Total Living Expenses:                          | \$0           | \$0            |                |                |
| Total Estimated Expenses:                       |               |                | \$0            |                |
| Total Income less Expenses:                     |               |                |                | \$0            |

Name:

| Name:   |   |                             |                      |                           |                         |                            |
|---|---|-----------------------------|----------------------|---------------------------|-------------------------|----------------------------|
|   |   | ОТ                          | HER INFORMATI        | ION                       |                         |                            |
| Indebtedness Applicant's (and spouse's or prospective spouse's) current indebtedness. Report principal amounts and related monthly payments |   |                             |                      | yments.                   |                         |                            |
|   |   | Appl                        |                      |                           | ve) Spouse              | Total Family Debt          |
| Student Loans:  | Combine Undergrad/Grad Fed. Subsidized Stafford Fed. Unsubsidized Stafford Federal Perkins Loans PC(USA) Loans Loans from parents/family Other educational loans Estimated future loans Totals: | Balance of Principal        | Monthly Payment      | Balance of Principal      | Monthly Payment         | 0<br>0<br>0<br>0<br>0<br>0 |
| Non-educational:  | List mortgage, credit cards, et   | 0                           | 0                    | 0                         | 0                       | 0<br>0<br>0<br>0<br>0      |
| Combined indebte  | edness totals:  | 0                           | 0                    | 0                         | 0                       | 0                          |
| Assets  | Non-seminary scholarships (g Source of Assistance  Totals:  | Amount Fall Term            | Amount Spring Term 0 |                           | nstances and is made in | a good faith               |
| r certify that the ii   | normation contained on all site   | eets of this form is a true | and accurate stateme | int of my imancial circul | nstances and is made in | i good faitii.             |
| Signature   |   |                             |                      |                           | Date                    |                            |

#### SESSION EVALUATION AND RECOMMENDATION

| THE SESSION OF  |  |  | MET WITH              |
|---|--|--|-----------------------|
| (Nar  | ne of Church)  | (CITY)   | (ST)                  |
|   | ON   | AND SUBMITS TH                                   | HE FOLLOWING REPORT:  |
| (NAME OF APPLICANT)   | (Dat   |  |                       |
| THE SESSION ENDORSES ENROLLED AS AN INQUIRER.   | _ /DOES NOT ENDOR  | RSE THIS APPLICA                                 | NT'S REQUEST TO BE    |
|   | Liai   | SON  |                       |
| THE SESSION HAS APPOINTED AND WITH THE PRESBYTERY'S WITH THE INDIVIDUAL AND TH PROGRESS (G-2.0605, CPM-9) | THE FOLLOWING ELI<br>COMMITTEE ON PRE<br>E COMMITTEE AS TH | DER TO ACT AS LIAISON V<br>EPARATION FOR MINISTR | Y, AND TO PARTICIPATE |
| NAME:   | (First)  | (FAMILY)   |                       |
|   | (FIRST)  |  |                       |
| MAIN PHONE #:   | (H/O/M)  | ALT. PHONE #:                                    | (H/O/M)               |
| E-MAIL:   |  |  | ,                     |
| Address:  |  |  |                       |
| (STREET OR P  | O Box)   | (CITY)   | (ST) (ZIP)            |
| THIS REPORT WAS PREPARED F  | OR THE SESSION BY:   | :  |                       |
|   |  |  |                       |
| (NAME)  |  | (Position)                                       |                       |
|   |  |  |                       |
| MAIN PHONE #:   | (H/O/M)  | ALT. PHONE #:                                    | (H/O/M)               |
|   | (H/O/M)  |  | (H/O/M)               |
| E-Mail:   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
| SIGNATURE OF MODERATOR/O  | CLERK OF SESSION:  |  |                       |
| DATE OF SESSION ACTION:   |  |  |                       |

#### SESSION CONSULTATION/RECOMMENDATION

**Some issues for consideration when consulting with a prospective Inquirer.** Since this is the beginning of the process, primary attention should be given at this time to evaluating natural gifts, quality of commitment, strength of motivation, and potential for growth. Each of these issues should be pursued at greater depth during the period of inquiry.

| 1) | What personal qualities of the applicant are evidence of a healthy and vital faith in God through Jesus Christ?   |
|----|---|
| 2) | How is that faith currently being expressed through the individual's participation in the worship, life, and mission of this congregation?                                    |
| 3) | What various motivations impel the sense of call (e.g., service to God and the world, compassion for God's children, guilt, the need for power and status)?                   |
| 4) | What real and potential talents for ministry are evident in this individual (e.g., the ability to communicate, interpersonal skills, leadership or administrative abilities)? |
| 5) | What is the level and adequacy of the individual's academic interest, ability, and motivation?  |
| 6) | What is the evidence of his or her physical health and stamina?   |
| 7) | What is this evidence of his or her emotional well-being?   |
| 8) | What is the evidence of his or her self-discipline?   |
| 9) | How does the individual plan to finance his or her education?   |



# The Presbytery of Detroit INSTRUCTION FOR REQUESTING A CRIMINAL BACKGROUND CHECK

In compliance with the Presbytery of Detroit – Sexual Misconduct Policy and Procedures Manual approved April 26, 2005 Criminal Background checks shall be done according to Sections V.C.2.a & b of the Sexual Misconduct Policy and Procedures Manual for the following individuals:

- Prospective incoming clergy.
- Presbytery of Detroit Candidates moving to ordination in the Presbytery of Detroit.
- Prospective incoming Presbytery staff.
- ALL volunteers who may or will be spending the night with minors at Presbytery of Detroit sponsored functions.

The COM or Church representative is to see that the following forms are completed and submit them to the Executive Presbyter for approval of the request to perform a background check.

Form 1 - Request for a Background Check – To be completed by COM or Church rep.

Form 2 - Background Investigation Consent Form— To be completed by the Applicant.

Date Results are shared with the Requestor:

Date: \_\_\_\_\_



# The Presbytery of Detroit BACKGROUND INVESTIGATION CONSENT

| I,  |                                   |  |  |
|---|-----------------------------------|--|--|
| Candidate Information MUST be printed leg | ibly.                             |  |  |
| Last Name:                                | First Name:                       |  |  |
| Middle Name:                              | Name Suffix: (Sr, Jr, I, II, III) |  |  |
| Other Last Name:                          | Other First Name:                 |  |  |
| Other Middle Initial:                     |                                   |  |  |
| SSN:                                      |                                   |  |  |
| Sex: Male or Female (Circle one)          |                                   |  |  |
| Date of Birth: / /                        | (mm/dd/yyyy)                      |  |  |
| Street #: Street Name:                    |                                   |  |  |
| Apt. #: City:                             | State:                            |  |  |
| Zip: County:                              |                                   |  |  |
| Phone #: ()                               |                                   |  |  |

Signature:

| <b>POD FORM</b> | 2A |
|-----------------|----|
| <b>DATE:</b>    |    |

#### APPLICATION TO BE ENROLLED BY PRESBYTERY AS AN INQUIRER

| NAME OF APPLICANT:         |   |                                  |                 |             |             |
|----------------------------|---|----------------------------------|-----------------|-------------|-------------|
|                            | (FAMILY)  | (First)                          |                 | (MIDDLE/I   | NATAL)      |
| FORMER/CURRENT OCC         | UPATION:  |                                  |                 |             |             |
| CURRENT ADDRESS:           |   |                                  |                 |             |             |
| MAIN PHONE #:              | (STREET OR PO BOX)  | (City) Alt. Phone #:             |                 | (ST)        | (ZIP)       |
| E-Mail:                    | (H/O/M)   |                                  |                 |             | (H/O/M)     |
| PERMANENT ADDRESS:         |   |                                  |                 |             |             |
| (If SAME, WRITE IN "SAME") | (STREET OR PO BOX)  | (CITY)                           |                 | (ST)        | (ZIP)       |
| GENDER: DA                 | TE OF BIRTH:  | ETHNIC OF                        | RIGIN: _        |             |             |
| CHURCH OF MEMBERSH         | IP:   |                                  |                 |             |             |
| Address:                   | (NAME OF CH   | TURCH)                           |                 |             |             |
| (STREET OR                 | PO Box)   | (CITY)                           | (ST)            | (ZIP)       |             |
| DATE RECEIVED AS MEM       | IBER:   | Number of M                      | IEMBERS:        |             |             |
|                            | D TO A PRESBYTERY TO E  | BE ENROLLED AS AN IN ENROLLED AS | -               |             |             |
| IN                         | PRESBYTER   | Y FROM                           | (Inquirer<br>T( | OR CANDIDA  | TE)         |
|                            | JPATION ARE YOU INTERE<br>Educator, ETC.)  NDING:                 |                                  |                 |             | STER,       |
|                            | APPLICANT'  | S STATEMENT                      |                 |             |             |
| I HEREBY APPLY TO BE E     | NROLLED BY THIS PRESB   | YTERY AS AN INQUIRE              | ER.             |             |             |
| I certify no civil, cr     | riminal, ecclesiastical comp                                      | plaint has ever been sus         | stained or i    | s pending   | against me. |
|                            | e the above certification. I utcome of the situation with         |                                  |                 | description | of the      |
|                            | UPON THE GRACE OF GO<br>H THE SESSION AND THE F<br>G MY VOCATION. |                                  |                 |             | TON FOR     |
| APPLICANT'S SIGNATUR       | RE:   |                                  |                 | (D) := \)   |             |
|                            |   |                                  |                 | (Date)      |             |

| POD FORM 2 | A |
|------------|---|
| NAME:      |   |

#### CPM EVALUATION AND RECOMMENDATION

| THE CPM OF  |                      |                        | Presbyter     | Y MET WITH |
|---|----------------------|------------------------|---------------|------------|
|   | AND SUE              | BMITS THE FOLLOWING RE | PORT ON       |            |
| NAME OF APPLICANT)  |                      |                        | (DATE         |            |
| THE CPM ENDORSES PRESBYTERY AS AN INQUIR  |                      | E THE APPLICANT        | TO BE ENROLI  | ED BY THE  |
|   | Liai                 | ISON                   |               |            |
| THE CPM HAS APPOINTED INQUIRER AND WITH THE F PARTICIPATE WITH THE INCHER PROGRESS. | RESBYTERY'S COMMIT   | TEE ON PREPARATION FO  | R MINISTRY, A | AND        |
| NAME: (TITLE) (FIR.   | CT)                  | (LAST)                 |               |            |
| CURRENT ADDRESS:  | ,1 <i>)</i>          | (LASI)                 |               |            |
| Main Phone #:   | (STREET OR PO BOX)   | (City) Alt. Phone #:   | (ST)          | (ZIP)      |
|   | (H/O/M)              |                        |               | (H/O/M)    |
| E-MAIL:   |                      |                        |               |            |
| REPOR   | Γ OF ENROLLMENT AS A | AN INQUIRER BY PRESB   | YTERY         |            |
|   |                      | WAS ENROLLED A         | S AN INQUIRE  | RBY        |
| (NAME OF APPLICANT)   |                      |                        | ON            |            |
| (NAME OF PRESBYTERY)  |                      |                        | ON(Dat        | E)         |
| SIGNATURE OF STATE  | ED CLERK:            |                        |               |            |

Stated Clerk of presbytery will copy and mail both pages of Form 2A to:

Office of the General Assembly
Presbyterian Church (U.S.A.)

100 Witherspoon Street – Room 4429
Louisville, KY 40202-1396
And
Presbytery Committee on Preparation for Ministry
and
the Inquirer
and
Clerk of Session of Inquirer's Church

#### COVENANT AGREEMENT AND INQUIRER RELEASE

have read and discussed the goals and responsibilities of

| SIGNATURE OF THE CPM MODERATOR:  SIGNATURE OF WITNESS:  The Session covenants to be a faithful partner with ye to nurture you with love as you pursue your call to the SIGNATURE OF THE MODERATOR OF SESSION:  SIGNATURE OF WITNESS:  CPM will copy and made All parties signing | (DATE) (DATE)  |
|--|--|
| MODERATOR:  SIGNATURE OF WITNESS:  The Session covenants to be a faithful partner with ye to nurture you with love as you pursue your call to the SIGNATURE OF THE MODERATOR OF SESSION:   | (DATE) Ou in this relationship; to support, to care and e ministry of the Word and Sacrament.  (DATE)                                  |
| MODERATOR:  SIGNATURE OF WITNESS:  The Session covenants to be a faithful partner with ye to nurture you with love as you pursue your call to the SIGNATURE OF THE   | (DATE) Ou in this relationship; to support, to care and e ministry of the Word and Sacrament.  |
| MODERATOR:  SIGNATURE OF WITNESS:  The Session covenants to be a faithful partner with year to nurture you with love as you pursue your call to the  | (DATE) Ou in this relationship; to support, to care an   |
| MODERATOR:  SIGNATURE OF WITNESS:  The Session covenants to be a faithful partner with years.  | (DATE) Ou in this relationship; to support, to care an   |
| Moderator:   |  |
|  | (DATE)   |
| SIGNATURE OF THE CPM   |  |
| The Committee on Preparation for Ministry covenan this relationship; to support, to guide, to nurture and sympathetic interest as you pursue your call to the minimum.   | to evaluate you with an understanding and  |
|  | (DATE)   |
| SIGNATURE OF WITNESS:  | (DAIL)   |
| SIGNATURE OF INQUIRER:   | (Date)   |
| I covenant with God, the Session, and the presbytery rely upon the grace of God, to maintain a Christian c faithful in pursuing my call and in preparing for the signature, I hereby certify that this Covenant Agreen I sign it understanding that I will be bound by its term  | haracter and conduct; to be diligent and<br>ministry of the Word and Sacrament. By my<br>nent and Release is fully understood by me an |
| reference or any other person not so listed to discuss my  |  |
| agents and representatives from any claims, causes, or ac<br>inquiries and answers received to such inquiries or any u<br>I grant permission to the Presbytery Committee to contact  | ses made of such answers. Further,   |
| Committee regarding my suitability and readiness for mi inquiries that are both personal and private and I hereby  | nistry may involve questions and/or release the Church and its committees,   |
|  | at the decision of the 1 lestylety   |
|  |  |
| do hereby wish to be enrolled in the preparation for mini (U.S.A.) (hereinafter "Church") with the understanding counsel and disciplines of the Church as represented by the Preparation for Ministry. I fully agree and understand the  | that I subject myself to the guidance, he Presbytery and its Committee on  |

Stated Clerk of the presbytery.

#### **REPORT OF INITIAL CONSULTATION**

| For:                   |   | ON   |
|------------------------|---|--|
| (N                     | AME OF INQUIRER)  | (DATE)   |
| CHECK THE APPROPRIA    | ATE YEAR FOR WHICH THIS REPORT APPLI                        | ES: PRIOR TO THEOLOGICAL EDUCATION FIRST YEAR THEOLOGICAL EDUCATION SECOND YEAR THEO. EDUCATION THIRD YEAR THEOLOGICAL EDUCATION SEMINARY GRADUATE |
|                        | AGREEMENT ON FURTHER W                                      | ORK AREAS  |
|                        | ED TO THE GROWTH OBJECTIVES FOR THE RATION FOR MINISTRY AND |  |
| A ODEE IT WOULD BE LIK | SEFUL FOR FURTHER COURSES AND OR W                          | (NAME OF INQUIRER/CANDIDATE)   |
|                        |   |  |
| SIGNATURES:            |   |  |
| INQUIRER:              |   |  |
|                        |   | (DATE)   |
| CPM LIAISON:           |   |  |
|                        |   | (DATE)   |
| CPM MODERATOR:         |   |  |
| •                      |   | (Date)   |

CPM will copy and send all pages of this form to: the Inquirer, the Moderator/Clerk of the Inquirer's sponsoring session, and Theological Institution (if currently enrolled).

#### **GROWTH OBJECTIVES AGREED TO FOR THE NEXT YEAR ARE:**

A. IN THE AREA OF EDUCATION FOR MINISTRY

| B. In the area of Spiritual Development    |
|--|
|  |
|  |
|  |
|  |
| C. In the area of Interpersonal Relations  |
|  |
|  |
|  |
|  |
| D. In the area of Personal Growth          |
|  |
|  |
|  |
| E. In the area of Professional Development |
|  |

### Inquiry Reference Form Committee on Preparation for Ministry Presbytery of Detroit

| Applicant   | -  |
|---|--|
| Reference Checked By:   | Date:  |
| Name of Reference:  |  |
| Relationship to Applicant   |  |
| Title: Phon   | e:   |
| 1. What was your relationship with the applicant?   |  |
| 1. What was your relationship with the approach.  |  |
| 2. Is the applicant a person of deep Christian faith  | ? How do you know?                           |
| 3. Do you believe this person demonstrates pastora  | al ability? Can you provide an example?      |
|   |  |
| 4. Is this person respectful of the Presbyterian/Reforganizations beyond the church? Which ones?      | formed tradition? Is this person involved in |
| 5. How does the person relate to other people? Ou Does this person avoid the use of racial and sexual |  |
|   | ~1   |

| 6. When in charge, is this person directive? Cooperative? Overbearing? Passive? Receptive of other's input? Do you enjoy working together?  |
|---|
|   |
|   |
|   |
| 7. What do you know of this name of a scholastic shility? A's? D's? C's?  |
| 7. What do you know of this person's scholastic ability? A's? B's? C's?   |
|   |
|   |
|   |
| 8. How would you evaluate the applicant's work habits such as attendance, punctuality,  |
| dependability, ability to work with others?   |
|   |
|   |
|   |
|   |
| 9. If you are a teaching elder and a member of the Presbytery of Detroit, would you be willing to   |
| 9. If you are a teaching elder and a member of the Presbytery of Detroit, would you be willing to serve as the applicant's mentor if asked? |
|   |
| serve as the applicant's mentor if asked?   |
|   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |
| serve as the applicant's mentor if asked?   |

| POD FORM 3 |  |
|------------|--|
| Date:      |  |

# PRE-INTERVIEW ANNUAL CONSULTATION REPORT GROWTH AND DEVELOPMENT IN THE LAST 12 MONTHS

| (FAMILY)  |   | (FIRST)                                    |  | (MIDDLE/NAT   | TAL)                        |
|---|---|--|--|---------------|-----------------------------|
| CURRENT ADDRESS:  | (STREET OR PO BOX)  |  | (CITY)   | (ST)          | (ZIP)                       |
| MAIN PHONE #:   |   | ALT. PHONE #:                              | (CIII)   | (51)          | (ZII)                       |
|   | (H/O/M)   |  |  |               | (H/O/M)                     |
| EMAIL:  |   |  |  |               |                             |
| PLEASE RETURN THIS FORM B   | -   | то   | (CDMA  | foderator)    |                             |
| FOR YOU ANNUAL CONSULTA   | (DATE) TION AT  | ON   | (CPM N   | IODERATOR)    |                             |
|   | (TIME)  |  | (DATE  | <u>:</u> )    |                             |
| If you have been enrolled in second of the control | f your grades and any r<br>: If you have satisfied  | reports on field edu<br>the requirement in | ication or intention or intenti | ernships.     | -                           |
| mark them with an "S"; otherw   | vise, indicate when you   | u intend to take th                        | e exam(s).   |               |                             |
| BIBLE CONTENT   | BIBLE EXEGESI   | IS   | POLITY   |               |                             |
| THEOLOGY  | WORSHIP & SA  |  |  |               |                             |
| from the inquirer/candidate's of  |   | d include seminar                          | y faculty/star   | i, pastor or  | eidei                       |
| from the inquirer/candidate's of NAME:  (TITLE)   |   | d include seminar                          | y faculty/star   |               | eidei                       |
| from the inquirer/candidate's ( NAME:  (TITLE)  ADDRESS:  | church, or mentor.  (FIRST)   | d include seminar                          | (FAMIL   | Y)            |                             |
| from the inquirer/candidate's on the inquirer/candidate's | (FIRST) (STREET OR PO BOX)  | ALT. PHONE #:                              |  |               | (ZIP)                       |
| from the inquirer/candidate's on the inquirer/candidate's | Church, or mentor.  (FIRST)  (STREET OR PO BOX)   |  | (FAMIL   | Y)            | (ZIP)                       |
| from the inquirer/candidate's on the inquirer/candidate's | (FIRST)  (STREET OR PO BOX)  (H/O/M)  |  | (FAMIL   | Y)            | (ZIP)                       |
| from the inquirer/candidate's on the inquirer/candidate's | (FIRST)  (STREET OR PO BOX)  (H/O/M)  |  | (FAMIL   | Y) (ST)       | (ZIP)                       |
| from the inquirer/candidate's on the inquirer/candidate's | (FIRST) (STREET OR PO BOX) (H/O/M)  N THIS PERSON?  | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       |                             |
| Address:  Main Phone #:  Email:  How long have you known  Name:  (Title)  Address:  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)   | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       | (ZIP)                       |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOWN NAME:  (TITLE)  ADDRESS:  (TITLE)  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)   | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       | (ZIP)                       |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOWN NAME:  (TITLE)  ADDRESS:  (TITLE)  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)   | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       | (ZIP) (H/O/M)               |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOWN NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)   | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       | (ZIP) (H/O/M)               |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOWN NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  EMAIL:   | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)   | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       | (ZIP) (H/O/M)               |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOW! NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOW! NAME:  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?                              | ALT. PHONE #:                              | (FAMIL (CITY) (FAMIL (CITY)  | Y) (ST)       | (ZIP) (H/O/M)               |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOW!  NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOW!  NAME:  (TITLE)   | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)   | ALT. PHONE #:                              | (FAMIL   | Y) (ST)       | (ZIP) (H/O/M)               |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOW! NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOW! NAME:  (TITLE)  ADDRESS:  ADDRESS:  (TITLE)  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?                              | ALT. PHONE #:                              | (FAMIL (CITY) (FAMIL (CITY)  | Y) (ST)       | (ZIP) (H/O/M)               |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOW! NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL:  HOW LONG HAVE YOU KNOW! NAME:  (TITLE)  ADDRESS:  ADDRESS:  (TITLE)  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX) | ALT. PHONE #:                              | (FAMIL (CITY)  (FAMIL (CITY)   | (ST) (ST) (Y) | (ZIP) (H/O/M) (ZIP) (H/O/M) |
| from the inquirer/candidate's of NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOWN NAME:  (TITLE)  ADDRESS:  MAIN PHONE #:  EMAIL: HOW LONG HAVE YOU KNOWN NAME:  (TITLE)  ADDRESS:  ADDRESS:  (TITLE)  | (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)  (STREET OR PO BOX)  (H/O/M)  N THIS PERSON?  (FIRST)                     | ALT. PHONE #:                              | (FAMIL (CITY)  (FAMIL (CITY)   | (ST) (ST) (Y) | (ZIP) (H/O/M) (ZIP) (H/O/M) |

| A. REFLECTIONS ON | PAST | YEAR: |
|-------------------|------|-------|
|-------------------|------|-------|

In the section below, please reflect on and respond briefly to the areas of growth objectives agreed upon at your last CPM consultation. Summarize the growth objective(s) from the previous consultation (from either Form 2C or Form 4), indicate what particular things you have done to achieve each objective, and evaluate your progress in each area.

| B. | <b>EDUCATION FOR</b> | <b>MINISTRY</b> |
|----|----------------------|-----------------|
|----|----------------------|-----------------|

| FILL IN THE COURSES YO | OU HAVE TAKEN OVER THE P | AST 12 MONTHS OR ARE CURR | ENTLY TAKING IN THE |
|------------------------|--------------------------|---------------------------|---------------------|
| Bible                  |                          |                           |                     |
| HISTORY                |                          |                           |                     |
| THEOLOGY               |                          |                           |                     |
| PRACTICAL              |                          |                           |                     |
| LANGUAGE/OTHER         |                          |                           |                     |
| -                      |                          |                           |                     |

#### C. <u>Spiritual Development</u>

BRIEFLY DESCRIBE YOUR SPIRITUAL DISCIPLINES, INCLUDING YOUR PARTICIPATION IN THE WORSHIP AND MISSION OF A PRESBYTERIAN CONGREGATION.

#### D. <u>Interpersonal relations</u>

DESCRIBE YOUR RELATIONSHIP WITH YOUR PEERS, AUTHORITY FIGURES, FAMILY, AND OTHERS WHO ARE SIGNIFICANT TO YOU. WHAT ARE THE IMPLICATIONS OF THOSE RELATIONSHIPS FOR YOUR MINISTRY?

#### E. PERSONAL GROWTH

DESCRIBE RECENT EXPERIENCES OF EMOTIONAL IMPACT, IF ANY, AND HOW YOU DEALT WITH THEM.

COMMENT ON AREAS IN WHICH YOU BELIEVE YOU ARE GROWING AND IDENTIFY AREAS IN WHICH YOU FEEL
THE NEED FOR PROGRESS.

#### F. PROFESSIONAL DEVELOPMENT

DESCRIBE YOUR PARTICIPATION IN FIELD EDUCATION OR OTHER EXPERIENCES WHICH HAVE CONTRIBUTED TO YOUR PROFESSIONAL DEVELOPMENT.

**LOOKING AHEAD:** Please provide any information requested below which relates to your continuing progress in the preparation for ministry process.

- **A.** LIST OTHER ISSUES WHICH YOU WISH TO DISCUSS WITH THE COMMITTEE INCLUDING FINANCIAL NEEDS, FAMILY CONCERNS, ETC.
- **B.** Indicate any exceptions and waivers (e.g., educational requirements, ordination exams, time requirements, additional presbytery requirements; see G-14.0470) you would ask the CPM consider, explaining your reasons for the request.
- C. On a separate sheet of paper, update your personal statement of faith, describing what you believe about God, Jesus Christ, the Holy Spirit and your relationship to them, incorporating what you have learned of the Reformed Faith.

#### REPORT OF ANNUAL CONSULTATION

| For:   |   |              | ON   |                    |
|--|---|--------------|--|--------------------|
| (NAME OF INQUIR                              | ER/CANDIDATE)   |              | (D)  | ATE)               |
| CHECK THE APPROPRIATE Y                      | ÆAR FOR WHICH THIS REPORT Æ   |              | FIRST YEAR THEC<br>SECOND YEAR TH  | DLOGICAL EDUCATION |
|  | AGREEMENT ON FURTH  | HER WORK A   | REAS   |                    |
| OBJECTIVES FOR THE NEXT MINISTRY AND (NAME ( | THE AREAS OF GROWTH IN THE YEAR, BOTH AS REPORTED BELO DE INQUIRER/CANDIDATE) WORK TO BE DONE IN THE AREA | OW, THE COMI |  | RATION FOR         |
|  |   |              |  |                    |
| SIGNATURES:                                  |   |              |  |                    |
| INQUIRER/CANDIDATE:                          |   |              | (Date)   |                    |
| CPM LIAISON:                                 |   |              | (DATE)   |                    |
|  | CONTINUATION OF PRE   | PARATION F   |  |                    |
| AFTER REVIEWING THE ANN OF THE PRESBYTERY OF | IUAL CONSULTATION REPORT,   |              | RES THAT   |                    |
| IS TO BE CONTINUED                           | /NOT TO BE CONTINUED  | IN THE _     | (National (Natio | AME) PHASE.        |
| SIGNATURES:                                  |   |              | (INQUIRY/CANDIDACY)  |                    |
| INQUIRER/CANDIDATE:                          |   |              | (Date)   |                    |
| CPM MODERATOR:                               |   |              | (Date)   |                    |

CPM will copy and send all pages of this form to: the Inquirer/Candidate, the Moderator/Clerk of the sponsoring session, and Theological Institution (if currently enrolled).

| 1. REVIEW OF GROWTH IN THE LAST YEAR:                 |
|---|
| A. In the area of Education for Ministry              |
| B. In the area of Spiritual Development               |
| C. In the area of Interpersonal Relations             |
| D. In the area of Personal Growth                     |
| E. In the area of Professional Development            |
| 2. GROWTH OBJECTIVES AGREED TO FOR THE NEXT YEAR ARE: |
| F. In the area of Education for Ministry              |
| G. In the area of Spiritual Development               |
| H. In the area of Interpersonal Relations             |
| I. In the area of Personal Growth                     |

J. IN THE AREA OF PROFESSIONAL DEVELOPMENT

| POD FORM 5A |  |
|-------------|--|
| DATE:       |  |

#### APPLICATION TO BE ENROLLED BY PRESBYTERY AS A CANDIDATE

| Presbytery               |   |                          |                       |             |
|--------------------------|---|--------------------------|-----------------------|-------------|
| NAME OF APPLICANT:       |   |                          |                       |             |
|                          | (FAMILY)  | (First)                  | (Middle/I             | NATAL)      |
| CURRENT ADDRESS:         |   |                          |                       |             |
| M. n. Draner II          | (STREET OR PO BOX)  |                          | (ST)                  | (ZIP)       |
| MAIN PHONE #:            | (H/O/M)   | ALT. PHONE #:            |                       | (H/O/M)     |
| E-MAIL:                  | (fi/O/M)  |                          |                       | (H/O/M)     |
| PERMANENT ADDRESS:       |   |                          |                       |             |
| (IF SAME, WRITE IN "SAME | E") (STREET OR PO BOX)                                    | (CITY)                   | (ST)                  | (ZIP)       |
| GENDER: DA               | ATE OF BIRTH:   | ETHNIC O                 | RIGIN:                |             |
| CHURCH OF MEMBERSI       | HID.  |                          |                       |             |
|                          | (NAME OF C  | CHURCH)                  |                       |             |
| Address:                 |   |                          |                       |             |
| (STREET O                | R PO Box)   | (City)                   | (ST) (ZIP)            | _           |
| DATE ENROLLED AS AN      |   |                          | (                     |             |
|                          | UPATION ARE YOU INTER                                     |                          |                       | ISTER,      |
|                          | EDUCATOR, ETC.)   |                          |                       |             |
| PRESENT SCHOOL ATTE      | ENDING:   | Expresses (              | The Present           |             |
| LOCATION: (Crry)         |   | (ST) EXPECTED C          | GRADUATION:           |             |
| (CITY)                   |   | (31)                     |                       |             |
| FORMER/CURRENT OCC       | CUPATION:   |                          |                       |             |
|                          | INQUIRER  | 'S STATEMENT             |                       |             |
| I HEREBY APPLY TO BE     | ENROLLED BY THIS PRES                                     | BYTERY AS A CANDIDA      | ATE.                  |             |
| I certify no civil, c    | riminal, ecclesiastical cor                               | mplaint has ever been su | stained or is pending | against me. |
|                          | te the above certification.<br>Outcome of the situation w |                          |                       | n of the    |
| PROMISE IN RELIANCE U    | E A CANDIDATE FOR THE<br>JPON THE GRACE OF GOD            | O TO PARTICIPATE DILIC   | BENTLY AND            |             |
|                          | TH THE SESSION AND THE<br>WHICH CONCERN PREPA             |                          | IITTEE ON PREPARA     | TION FOR    |
| INQUIRER'S SIGNATURI     | E:  |                          |                       |             |
| •                        |   |                          | (Date                 | Ξ)          |

| POD FORM 5A |  |
|-------------|--|
| NAME:       |  |

#### **REFERENCES**

PLEASE IDENTIFY THREE PERSONS WHO COULD SPEAK TO YOUR PROGRESS IN MINISTRY; A PROFFESSOR, A SUPERVISOR AND A COLLEAUE WHO HAS WORKED WITH YOU IN THE PAST YEAR.

| NAME:  |                           |  |                    |                 |         |
|--|---------------------------|--|--------------------|-----------------|---------|
| (TITLE)  | (FIRST)                   |  | (FAMIL             | Y)              |         |
| Address:   | (STREET OR PO BOX)        |  | (CITY)             | (ST)            | (ZIP)   |
| MAIN PHONE #:  | (BINDET ON TO BOIL)       | ALT. PHONE #:  | (6111)             | (51)            | (211)   |
| _  | (H/                       | O/M)   |                    |                 | (H/O/M) |
| EMAIL:   |                           |  |                    |                 |         |
| How long have you ki<br>Name:                        | NOWN THIS PERSON?         |  |                    |                 |         |
| (TITLE)  | (FIRST)                   |  | (FAMIL             | Y)              |         |
| ADDRESS:   | (Company on DO Doys)      |  | (Creer v)          | (OTF)           | (ZID)   |
| MAIN PHONE #:  | (STREET OR PO BOX)        | ALT. PHONE #:  | (CITY)             | (ST)            | (ZIP)   |
|  |                           | $\frac{\text{ALI.THORE}\pi_{\bullet}}{\text{O/M})}$          |                    |                 | (H/O/M) |
| EMAIL:   | •                         | ,  |                    |                 | , , , , |
| HOW LONG HAVE YOU K                                  | NOWN THIS PEDSON?         |  |                    |                 |         |
| NAME:  | NOWN THIS LEASON.         |  |                    |                 |         |
| (TITLE)  | (FIRST)                   |  | (FAMIL             | Y)              |         |
| Address:   |                           |  |                    |                 |         |
|  | (STREET OR PO BOX)        | A D  | (CITY)             | (ST)            | (ZIP)   |
| MAIN PHONE #:  | <u> (U</u> /              | ${}$ ALT. PHONE #:   |                    |                 | (H/O/M) |
| EMAIL:   | (n)                       | O/NI)  |                    |                 | (H/O/M) |
|  |                           |  |                    |                 |         |
| HOW LONG HAVE YOU K                                  | NOWN THIS PERSON?         |  |                    |                 |         |
|  | SESSION EVALUATION        | AND <b>R</b> ECOMMENDATIO                                    | )N                 |                 |         |
| BY THE END OF THE INQUI                              |                           |  |                    | PROMISE         |         |
| FOR MINISTRY BY PRESEN'                              |                           |  |                    |                 |         |
|  |                           | ISTIAN VOCATION IN THE REFOR                                 | MED TRADITION AN   | ID HOW IT       |         |
| RELATES TO HIS OR HER S                              | , ,                       |  |                    |                 |         |
|  |                           | ΓES AN UNDERSTANDING OF THE 1<br>RSONAL FAITH STATEMENT REGA |                    | *               |         |
| -/   | THEIR INTERRELATIONSHIPS; | NSON/IET/IIIIST/IIEMEN/I REGI                                | MDING WILLII II DO | GGLS IS ALBOC I |         |
| · ·  |                           | N, INDICATING HOW THAT AWARE                                 | ENESS GROWS OUT    | OF PARTICIPATIO | ON      |
| IN THE LIFE OF A PARTICUTE  5) A STATEMENT OF SELF-U | ,                         | CTS THE INQUIRER'S PERSONAL A                                | AND CHI THR ALBAC  | CKGROUND AND    |         |
|  |                           | IYSICAL, AND MENTAL HEALTH;                                  | IND COLICIALEDIA   | SHOROUND THE    |         |
| 6) A STATEMENT OF HIS OR                             | HER UNDERSTANDING OF THE  | TASK MINISTRIES OF THE WORD                                  |                    |                 |         |
| INCLUDING AN AWARENI<br>WHICH GROWTH IS NEED         |                           | TS FOR MINISTRY OF THE WORD                                  | AND SACRAMENT      | AND OF AREAS IN | ſ       |
| THE SESSION OF                                       |                           |  |                    | MET WITH        |         |
| (NA  | AME OF CHURCH)            | (CITY)   | (ST)               | _               |         |
|  | ON                        | AND SUBMITS  | THE FOLLOW         | ING REPORT:     |         |
| (NAME OF INQUIRER)                                   | (D.                       | ATE)   |                    |                 |         |
|  |                           |  |                    |                 |         |
| THE SESSION ENDORSES                                 | /DOES NOT ENDO            | ORSE THIS INOUI  | RER'S REQUES       | ST TO BE        |         |
| ENROLLED AS A CANDIDA                                |                           |  |                    |                 |         |

#### POD FORM 5A

| NI A B # TO A |  |
|---------------|--|
| NAME:         |  |
|               |  |

#### LIAISON

THE SESSION HAS (RE-) APPOINTED THE FOLLOWING ELDER TO ACT AS LIAISON WITH THIS INDIVIDUAL AND WITH THE PRESBYTERY'S COMMITTEE ON PREPARATION FOR MINISTRY, AND TO PARTICIPATE WITH THE INDIVIDUAL AND THE COMMITTEE AS THEY EXPLORE AND EVALUATE HIS OR HER PROGRESS (Presbytery of Detroit Policy CPM-1)

| NAME:          |                        |               |                         |            |              |
|----------------|------------------------|---------------|-------------------------|------------|--------------|
|                | (First)                | (FA           | MILY)                   |            |              |
| MAIN PHON      | Œ#:                    |               | ALT. PHONE #:           |            |              |
|                |                        | (H/O/M)       | _                       |            | (H/O/M)      |
| E-MAIL:        |                        |               |                         |            |              |
| Address:       |                        |               |                         |            |              |
|                | (STREET OR PO BOX)     |               | (CITY)                  | (ST)       | (ZIP)        |
| THIS REPOR     | T WAS PREPARED FOR T   | HE SESSION BY | <b>/</b> :              |            |              |
|                |                        |               |                         |            |              |
| (Name)         |                        | (Po           | SITION)                 |            |              |
| MAIN PHON      | Œ#:                    |               | ALT. PHONE #:           |            |              |
|                | TE#:                   | (H/O/M)       | _                       |            | (H/O/M)      |
| E-MAIL:        |                        |               |                         |            |              |
| Session wil    | l copy & mail all page | es of Form 5/ | \ to the Presbytery's   | CPM and S  | Stated Clerk |
|                | reopy ee man an pag    |               | 1 to the 1 less justy s |            |              |
|                | REPORT OF END          | ROLLMENT AS   | A CANDIDATE BY PRE      | SBYTERY    |              |
|                |                        |               | WAS ENROLLED AS         | A CANDIDAT | ΈΒΥ          |
| (Name of Inqui |                        |               |                         |            |              |
|                |                        |               |                         |            |              |
| (NAME OF PRESI | BYTERY)                |               | (Date)                  |            |              |
| SIGNATUR       | RE OF STATED CLEF      | RK:           |                         |            |              |

Presbytery Stated Clerk will copy all pages of this Form 5A and mail to: Office of the General Assembly, Presbyterian Church (U.S.A.), 100 Witherspoon Street – Room 4429, Louisville, KY 40202-1396 AND to the Candidate

#### POD FORM 5B

#### COVENANT AGREEMENT AND CANDIDATE RELEASE

| [,                              | have read and discussed the goals and respo                  | onsibilities of                       |
|---------------------------------|--|---------------------------------------|
| ooth Candidates and the Com     | mittee on Preparation for Ministry with the presbyte         | ery committee.                        |
| I do hereby wish to be enrolle  | ed in the preparation for ministry process of the Pres       | byterian Church                       |
| (U.S.A.) (hereinafter "Churc    | <b>h")</b> with the understanding that I subject myself to t | he guidance,                          |
| counsel and disciplines of the  | Church as represented by the Presbytery and its Co           | mmittee on                            |
| Preparation for Ministry. I fu  | ally agree and understand that the decision of the Pre       | sbytery                               |
| Committee regarding my suit     | ability and readiness for ministry may involve quest         | ions and/or                           |
| nquiries that are both person   | al and private and I hereby release the Church and it        | s committees,                         |
| agents and representatives from | om any claims, causes, or actions, which may arise fr        | rom said                              |
| inquiries and answers receive   | ed to such inquiries or any uses made of such answer         | s. Further,                           |
| grant permission to the Pres    | bytery Committee to contact any person listed by me          | e as a                                |
| = =                             | not so listed to discuss my suitability and readiness.       |                                       |
|                                 |  |                                       |
| covenant with God, the Se       | ssion, and the presbytery's Committee on Prepar              | ration for Ministry, to               |
| • •                             | to maintain a Christian character and conduct; t             | _                                     |
| faithful in pursuing my call    | and in preparing for the ministry of the Word ar             | nd Sacrament. By my                   |
|                                 | hat this Covenant Agreement and Release is fully             | understood by me and                  |
| I sign it understanding that    | I will be bound by its terms.                                |                                       |
| _                               |  |                                       |
| SIGNATURE OF CANDIDATE:         |  | (D)                                   |
|                                 |  | (Date)                                |
| SIGNATURE OF WITNESS:           |  |                                       |
| SIGNATURE OF WITNESS.           |  | (Date)                                |
| The Committee on Prepara        | tion for Ministry covenants to be a faithful and ju          | · · · · · · · · · · · · · · · · · · · |
|                                 | t, to guide, to nurture and to evaluate you with an          |                                       |
|                                 | pursue your call to the ministry of the Word and             |                                       |
|                                 |  |                                       |
| SIGNATURE OF THE CPM            |  |                                       |
| Moderator:                      |  |                                       |
|                                 |  | (Date)                                |
| SIGNATURE OF WITNESS:           |  |                                       |
|                                 |  | (Date)                                |
| The Session covenants to be     | a faithful partner with you in this relationship; t          |                                       |
|                                 | you pursue your call to the ministry of the Word             |                                       |
| •                               |  |                                       |
| SIGNATURE OF THE                |  |                                       |
| MODERATOR OF SESSION:           |  |                                       |
|                                 |  | (DATE)                                |
| Cran Amaria of With 1500        |  |                                       |
| SIGNATURE OF WITNESS:           |  | (DATE)                                |
|                                 | CPM will copy and mail this page to:                         | (Date)                                |
|                                 | All parties signing document                                 |                                       |
|                                 | and  |                                       |
|                                 | Stated Clerk of the presbytery.                              |                                       |

Rev. 4/10 PoD 9/12

### Reference Form for Candidacy Committee on Preparation for Ministry Presbytery of Detroit

| Applicant   |   |
|---|---|
| Reference Checked By:   | Date:   |
| Name of Reference:  |   |
| Relationship to Applicant   |   |
| Title:  | Phone:  |
| 1. What is your relationship with the app   | plicant?  |
| 2. Do you believe this person demonstra   | ates pastoral ability? Could you provide and example? |
|   |   |
| 3. Is this person a good student, and resp<br>Illustrate.   | pectful of the Presbyterian/Reformed tradition?       |
| 4. How does the person relate to other p  | eople? Outgoing? Brash? Sensitive? Loner? Caring?     |
|   |   |
| # Tadking and the state of the | and and an increase History                           |
| 5. Is this person sensitive to racial, cultu  | iral, and gender issues? Illustrate.                  |
|   |   |
|   |   |

| 6. When in charge, is this person directive? Cooperative? Overbearing? Passive? Receptive of other's input? Do you enjoy working together? |
|--|
|  |
|  |
|  |
| 7. Does this person have an appropriate sense of professional and personal boundaries?   |
|  |
|  |
|  |
|  |
| 8. How would you evaluate the applicant's work habits such as attendance, punctuality, dependability, ability to work with others?         |
|  |
|  |
|  |
|  |
| 9. Do you think this person would be a good preacher? Pastor? Counselor? Administrator?  |
| 9. Do you think this person would be a good preacher? Pastor? Counselor? Administrator? Teacher? Illustrate.                               |
|  |
|  |
|  |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |
| Teacher? Illustrate.   |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |
| Teacher? Illustrate.  10. Would you call this person to be your pastor? Why? Why not?  |

### CERTIFICATE OF APPROVAL TRANSFER OF COVENANT RELATIONSHIP TO ANOTHER PRESBYTERY

#### PRESBYTERY APPROVAL OF TRANSFER

| THIS IS TO REPORT THAT                    |  | Presbytery,              |  |  |
|---|--|--------------------------|--|--|
| TOOK THE ACTION INDICATED BELOW REGARDING |  |                          |  |  |
| (Date)                                    |  |                          |  |  |
| (Name of Inquirer/Candidate)              |  |                          |  |  |
|   |  |                          |  |  |
| TRANSFER OF COVENANT RELATI               | IONSHIP TO                             |                          |  |  |
| Presbytery (G-2.0608)                     |  |                          |  |  |
|   |  |                          |  |  |
|   | (SIGNATURE OF STATED                   | OCLERK) (DATE)           |  |  |
|   |  |                          |  |  |
| 0 0 01                                    | esbytery should mail this completed    | · ·                      |  |  |
| inquirer's/candidate's file to the        | e Stated Clerk of the receiving pre    | sbytery.                 |  |  |
|   |  |                          |  |  |
| PRES                                      | SBYTERY RECEIPT OF TRANSF              | <br>FER                  |  |  |
| 11125                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |  |  |
| THIS IS TO REPORT THAT THE CO             | VENANT RELATIONSHIP OF THE ABO         | VE-NAMED PERSON HAS BEEN |  |  |
| TRANSFERRED TO                            | Pre                                    | SBYTERY AND THE          |  |  |
| INQUIRER/CANDIDATE WAS DUL                | Y ENROLLED ON                          |                          |  |  |
|   |  | (Date)                   |  |  |
| CURRENT ADDRESS OF ENROLLE                | E IS:                                  |                          |  |  |
| CORRENT ADDRESS OF ENROLLE                | L 15.                                  |                          |  |  |
|   |  |                          |  |  |
|   | (PRIMARY ADDRESS LINE)                 |                          |  |  |
|   |  |                          |  |  |
|   | (SECONDARY ADDRESS LINE)               |                          |  |  |
| (CITY)                                    | (State)                                | (ZIP)                    |  |  |
| MAIN PHONE #:                             | ALT. PHONE #:                          | ,                        |  |  |
|   | (H/O/M)                                | (H/O/M)                  |  |  |
| E-MAIL:                                   |  |                          |  |  |
|   |  |                          |  |  |
|   | (SIGNATURE OF STATED                   | OCLERK) DATE             |  |  |

Stated Clerk of receiving presbytery to copy and mail this form to: Office of the General Assembly, 100 Witherspoon Street, Room 4429, Louisville, Kentucky 40202-1396 Rev. 4/10 PoD 9/12

### CERTIFICATE OF APPROVAL TRANSFER OF COVENANT RELATIONSHIP TO ANOTHER PRESBYTERY

#### PRESBYTERY APPROVAL OF TRANSFER

| THIS IS TO REPORT THAT                    |  | Presbytery,              |  |  |
|---|--|--------------------------|--|--|
| TOOK THE ACTION INDICATED BELOW REGARDING |  |                          |  |  |
| (Date)                                    |  |                          |  |  |
| (Name of Inquirer/Candidate)              |  |                          |  |  |
|   |  |                          |  |  |
| TRANSFER OF COVENANT RELATI               | IONSHIP TO                             |                          |  |  |
| Presbytery (G-2.0608)                     |  |                          |  |  |
|   |  |                          |  |  |
|   | (SIGNATURE OF STATED                   | OCLERK) (DATE)           |  |  |
|   |  |                          |  |  |
| 0 0 01                                    | esbytery should mail this completed    | · ·                      |  |  |
| inquirer's/candidate's file to the        | e Stated Clerk of the receiving pre    | sbytery.                 |  |  |
|   |  |                          |  |  |
| PRES                                      | SBYTERY RECEIPT OF TRANSF              | <br>FER                  |  |  |
| 11125                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |  |  |
| THIS IS TO REPORT THAT THE CO             | VENANT RELATIONSHIP OF THE ABO         | VE-NAMED PERSON HAS BEEN |  |  |
| TRANSFERRED TO                            | Pre                                    | SBYTERY AND THE          |  |  |
| INQUIRER/CANDIDATE WAS DUL                | Y ENROLLED ON                          |                          |  |  |
|   |  | (Date)                   |  |  |
| CURRENT ADDRESS OF ENROLLE                | E IS:                                  |                          |  |  |
| CORRENT ADDRESS OF ENROLLE                | L 15.                                  |                          |  |  |
|   |  |                          |  |  |
|   | (PRIMARY ADDRESS LINE)                 |                          |  |  |
|   |  |                          |  |  |
|   | (SECONDARY ADDRESS LINE)               |                          |  |  |
| (CITY)                                    | (State)                                | (ZIP)                    |  |  |
| MAIN PHONE #:                             | ALT. PHONE #:                          | ,                        |  |  |
|   | (H/O/M)                                | (H/O/M)                  |  |  |
| E-MAIL:                                   |  |                          |  |  |
|   |  |                          |  |  |
|   | (SIGNATURE OF STATED                   | OCLERK) DATE             |  |  |

Stated Clerk of receiving presbytery to copy and mail this form to: Office of the General Assembly, 100 Witherspoon Street, Room 4429, Louisville, Kentucky 40202-1396 Rev. 4/10 PoD 9/12

## REPORT OF ORDINATION OF CANDIDATE OR WITHDRAWAL OR REMOVAL OF INQUIRER OR CANDIDATE

| On                    | (date),                     | Presbytery took   | Presbytery took the action indicated below |  |
|-----------------------|-----------------------------|---|--|--|
| regarding             |                             |   |  |  |
| (First                | st, Middle/Natal, Family Na | me of Inquirer or Candidate)  |  |  |
| whose address is      |                             |   |  |  |
| Main Phone #:         | (Street or Road)            | (City)  | (ST) (ZIP)                                 |  |
| Main Filone #.        |                             | Alt. Phone #:   | (H/O/M)                                    |  |
| Email:                |                             |   |  |  |
| CERTIFICAT            | ION                         |   |  |  |
|                       |                             | for ordination, pending a call on   | (date).                                    |  |
| CALL                  |                             |   |  |  |
| Called by:            |                             | City:   | ST:  |  |
| Position: Presbytery: |                             | Effective Date:   |  |  |
| APPROVAL O            | OF CALL                     | esbytery of Call / Care or  |  |  |
| Candidate was a       | approved to accept the cal  | l and proceed to ordination on  | (date).                                    |  |
| ORDINATION            |                             | n A, or Section B, or Section C as app  | propriate                                  |  |
|                       |                             | esbytery of Care and installed by the (date) and dismissed on Presbytery for installation | (date) to the                              |  |
|                       |                             | stalled by Presbytery of Call:  | <b>D</b> 1                                 |  |
| Released on           | on and installation on      | (date) to(date).  | Presbytery                                 |  |
|                       |                             | stalled by Presbytery of Care:  |  |  |
|                       |                             | (date).   |  |  |
| WITHDRAWAL            | OR REMOVAL (G-2.0609        | )   |  |  |
|                       |                             |   |  |  |
| Inquirer/Candida      | ate withdrew / was          | s removed from the process on   | (date).                                    |  |

SIGNATURE OF STATED CLERK:

### **Sexual Misconduct Policy**

Presbytery of Detroit

#### Introduction:

It is the policy of the Presbyterian Church (U.S.A.) that all church members, church officers, non-member employees, and volunteers of governing bodies and entities of the church are to maintain the integrity of their ministerial, employment and professional relationships at all times. **Sexual misconduct** (see Attachment A, Definitions) is a violation of an individual's integrity. Such behavior is sinful, and violates the teachings of the Church, as well as the covenantal relationship by which we are called to live with God and with one another. Sexual misconduct in any form is never permissible.

Scripture affirms that we are created in the image and likeness of God. To harass sexually or abuse another person is to deny that value. Scripture and our faith in Jesus Christ calls us to standards of responsible conduct in all of life, including sexual behavior. Sexual misconduct is a behavior that represents unjust use of power by persons in positions of responsibility and leadership to exploit persons who are vulnerable by virtue of the inherent trust that resides in authoritative positions in the church. Sexual misconduct ruptures pastoral relationships and is an indication of the brokenness of the person perpetrating such misconduct. This rupture injures and harms victims with wounds that may require extended care before healing occurs. This rupture betrays Christ and the pastoral offices of the church in that it abuses the power and authority of ministry by changing its focus from healing and redemption to exploitation and gratification. Furthermore, it tarnishes the symbol of Christ as Healer, and Savior; and it rends the local parish and the whole body of Christ in ways that require special efforts for healing deep, long lasting wounds.

#### The purposes of this Policy are:

- 1. To prevent and eliminate sexual misconduct within the Presbytery of Detroit.
- 2. To safeguard individuals and communities from abuse through any form of sexual misconduct.
- 3. To seek justice by assuring effectiveness of the church's administrative, investigative and judicial process in determining truth, protecting the innocent, and dealing appropriately with those who victimize others.
- 4. To assure appropriate care and promote proper healing for all individuals and communities where sexual misconduct has occurred.

Protection of children and vulnerable adults in this regard requires especial care and caution. Presbytery policies relating to protection of children and vulnerable adults are contained in a separate policy. Persons may be found to be in violation of both policies and may be subject to proceedings

under both policies.

#### Statement of Policy:

The Presbytery of Detroit proclaims that Ministers of the Word and Sacrament, Certified Christian Educators, and Commissioned Ruling Elders who are members of or serving within the bounds and under the direction of the Presbytery of Detroit; officers and employees of the Presbytery of Detroit; and the volunteers and lay persons serving on Presbytery committees, boards, councils and commissions, and other entities in support of Presbytery programs:

- shall exercise responsible sexual behavior and maintain the integrity of employment and professional relationships at all times;
- shall not engage in sexual misconduct as defined in this Policy (see Attachment A);
- shall deal with allegations of sexual misconduct with seriousness;
- shall report accusations or instances of sexual misconduct to the appropriate Presbytery officials;
- shall maintain confidentiality in recognition of the effects of reported sexual misconduct on the reputation and effectiveness of all involved;
- shall respect the alleged offender's presumption of innocence; and
- shall comply with all applicable local, state, and federal laws.

#### Prevention and Implementation

- 1. <u>General Policy:</u> The Presbytery of Detroit will take appropriate steps to inform all those covered by this Policy and all sessions of the standards of conduct set forth in this Policy and the procedures to be followed for effective response when receiving a report of sexual misconduct. The Presbytery shall further encourage all sessions to establish policies, procedures and practices related to sexual misconduct and to inform members, employees, volunteers, and candidates of the Presbytery's and session's policies and procedures with respect to sexual misconduct.
- 2. <u>Training and Education:</u> The Presbytery, through its appropriate entities, shall annually present an educational program (the "Training") designed to explain the need for this Policy, to acquaint persons with its contents, and to guard against sexual misconduct. The Presbytery of Detroit will require that all new ministers, all Commissioned Ruling Elders, all Certified Christian Educators, members of Coordinating Cabinet, officers of the Presbytery, and all employees of the Presbytery attend the Training within the first year of ministry within the bounds and under the direction of the Presbytery, and each five (5) years thereafter. Failure to attend will result in dissolution of the relationship. Honorably retired ministers are exempt provided they agree in writing not to serve the Presbytery in a leadership position or serve any congregation or other entity in active ministry. Additionally, each congregation will be required to send a member to either the

Training or a bystander training program offered by Presbytery every three (3) years. There will be a training event presented annually. The Stated Clerk, working with the Presbytery Response Team and the Committee on Ministry, is responsible for ensuring that Training is provided, and shall keep records of those that have participated. It is the responsibility of those covered by this Policy to ensure that they attend Training.

- 3. <u>Acknowledgement:</u> The following persons are required to sign a written acknowledgement (see Attachment B) that they have received and read a copy of this Sexual Misconduct Policy, and that they agree to conduct themselves in accordance with this Policy: Ministers of the Word and Sacrament, Certified Christian Educators, and Commissioned Ruling Elders who serve within and at the direction of the Presbytery of Detroit; officers and employees of the Presbytery of Detroit; and the volunteers and lay persons serving on Presbytery committees, boards, councils and commissions, and other entities in support of Presbytery programs. Such signed acknowledgement will be kept in the person's personnel file or other appropriate file of Presbytery. It is further the policy of Presbytery that employees and volunteers other than ministers undergo a criminal background check.
- 4. <u>Ministers of the Word and Sacrament:</u> All ministers seeking new calls within the Presbytery of Detroit shall complete the Personal Information Form currently being distributed by including the portions relating to sexual misconduct. The Committee on Ministry, in addition to pastor nominating committees, is responsible for obtaining previous employer references on all ministers or candidates seeking ordination and/or service within the bounds or under the jurisdiction of the Presbytery of Detroit.
- 5. <u>All Other Presbytery Staff and Volunteers:</u> All successful applicants for Presbytery staff positions, or other persons so directed by an entity which reports to the Presbytery, shall complete a criminal background check which shall be kept in Presbytery files until the individual dies, leaves the Presbytery, or ceases to serve in any ministerial role within the Presbytery for a period of five (5) years.
- 6. Responding to Reference Request: The Stated Clerk and Executive staff (including the general or executive presbyter, associate executive(s), and/or persons serving in a temporary capacity as executive) are authorized to respond to sexual misconduct inquiries directed to the Presbytery about former or current Presbytery employees. They shall provide information regarding any allegations, inquiries, and administrative or disciplinary action related to sexual misconduct of the individual involved. The response, however, shall be limited to information that is a matter of public record or in the individual's own personnel file that is maintained by the Presbytery.
- 7. <u>Distribution of Policy:</u> A copy of this Policy shall be made available to all those covered by it and to any persons who requests a copy. The Policy shall be made available to all persons who accuse others of misconduct as well as those accused by misconduct.

## Response Procedures:

<u>Independent procedures</u>: Under this policy, any professional sexual misconduct which (1) involves unwanted physical contact or physical contact that involves an intrinsic imbalance of power, including, but not limited to, contact between a pastor and a member of a congregation; or (2) includes behavior which may be a violation of the Constitution of the Presbyterian Church (USA); or (3) includes conduct which, in the majority opinion of the Case Team, should result in suspension and/or termination, automatically begins the disciplinary process outlined in the Book of Order under the Rules of Discipline.

However, the Case Team process outlined in this Policy is not intended to supplant either processes under the Book of Order, or processes under secular law, particularly in terms of mandated reporting of abuse to the civil authorities in cases of criminal sexual conduct involving a child or older adult. Additionally, under the Book of Order, a written statement of sexual misconduct submitted to the Stated Clerk (after verification that the written statement is intended as a statement of alleged offense under the Rules of Discipline) shall be directed to an Investigative Committee.

The Book of Order and secular processes may take place concurrently, before or after the Case Team process, or not at all, depending on the facts and circumstances of the individual case.

The following flowchart describes the process for receiving and responding to reports of sexual misconduct:

Process A: Report Received by Stated Clerk (in the form of rumors, informal written complaint, verbal complaint, etc.)

PRT designates three persons among its members for a Case Team. Case Team notifies person accused and advises of rights within 7 days. Case Team cares for the alleged victim and investigates the report.

J

Within 60 days, Case Team presents written report: either (1) report unsubstantiated, (2) report substantiated and indicates crossing of boundaries but not sexual misconduct that merits disciplinary process, or (3) sexual misconduct meriting disciplinary process (see 7[b] below) and Process B is triggered.

Process B: Report Received by Stated Clerk (Formal Written Complaint)

Investigative Committee ("IC") appointed; PRT process also activated. IC makes a full investigation pursuant to the Book of Order and determines whether to file charges.

Trial and/or appropriate censure, pursuant to Book of Order.

## 1. <u>Receiving the Initial Report:</u>

- A. Claims of sexual misconduct should never be taken lightly or disregarded and allowed to circulate without concern for the integrity and reputation of the reporter of the victim, the alleged offender, and the Church. Claims shall be dealt with as matters of highest confidentiality both before and after they have been submitted to appropriate authorities as outlined below.
- B. Reports of sexual misconduct may occur in a variety of ways. Because a governing body or entity cannot control to whom the reporter will first speak, it is important that all officers, employees, and persons highly visible to church members and visitors understand how reports of alleged sexual misconduct incidents are to be directed to the proper persons.
- C. The first persons to learn of an incident of sexual misconduct should not undertake an inquiry alone or question the reporter or the alleged offender. If the reporter is hesitant to share information, the person receiving the initial report has a special pastoral responsibility to encourage willingness to speak, lest the Church be unable to respond because no one is able to give firsthand information.
  - i. When a person believes that they have been the victim of sexual misconduct perpetrated by a person covered by this Policy, or when a non-victim reporter believes a person covered by this Policy has committed an act of sexual misconduct, they should report the incident, preferably in writing, to the Stated Clerk. If the report is not received in writing and the complaining victim or reporter declines to put it in writing, then the Stated Clerk shall summarize in writing all of the information orally conveyed to them, and mail a copy of the same to the complaining victim or reporter with a request that they contact the Stated Clerk if there are any errors in the account.
  - ii. The Stated Clerk will then notify the Presbytery Response Team ("PRT"), the Chair of the Committee on Ministry, and the Chair of Operations if the individual accused is an employee.
  - iii. If the alleged offender is the Stated Clerk of the Presbytery, the report shall be made to the Chair of Coordinating Cabinet, who will notify the PRT.

#### 2. Documentation

All allegations and responses to allegations should be written, signed, and dated. They should be detailed and specific. Any report of the PRT to the Stated Clerk and/or Committee on Ministry must be written.

#### 3. Unavailability of a written allegation from a reporter

A. If a reporter is unable or chooses not to submit a written allegation to the PRT, the PRT may continue the investigation if there appears to be sufficient additional evidence that the alleged sexual misconduct occurred.

- B. In addition, there are several different circumstances in which the Stated Clerk may receive information about a person covered by this Policy allegedly engaging in sexual misconduct.
  - i. **Rumors:** It is impossible to act on information which is presented **only** as rumor. It is important to try to acquire some actual evidence or a first-hand report in order to determine if professional misconduct of a sexual nature occurred. Second-hand or third-hand rumors may be passed to a Stated Clerk.
  - ii. **First-hand information from a third party:** In this situation, someone may come forward with information based on their witnessing a person covered by this Policy in violation of the Policy. They may be willing to file a report but the recipient of the alleged sexual misconduct may have no interest in a report. This person may see themself as a consenting adult in a sexual relationship with the person covered by this Policy and in no way a victim of sexual misconduct. In this case, there is good cause to proceed. The procedures outlined in this document should be implemented because the alleged offender may have engaged in sexual misconduct.
  - iii. A confession by a person covered by this Policy without a victim's report: In this case, there is good cause to proceed. The procedures outlined in this document should be implemented because a person's acknowledgement that they engaged in sexual misconduct is the best evidence available.

## 4. <u>Presbytery Response Team</u>

- A. The PRT is an entity of seven (7) ministers, elders, and members of churches of Presbytery of Detroit responsible for coordinating Presbytery's response under this Policy to reports of alleged sexual misconduct. The PRT is charged with the responsibility to assure that an objective, effective, expeditious, and caring response is made to reports of sexual misconduct.
- B. Members of the PRT shall be elected by the Presbytery upon nomination by the Committee on Nominations. The PRT shall be composed of three classes of approximately equal size. In bringing forth nominations for the PRT, the Committee on Nominations shall follow the Presbytery's guidelines for diversity. Terms of service shall be three years, except that members may be elected to shorter terms in order to establish classes or to fill unexpired terms. The PRT shall designate one member as the Chair.
- C. The PRT shall receive training on how to respond to reports of sexual misconduct, and on the legal, administrative, and disciplinary procedures of the Presbytery. Such training should be updated and/or refreshed annually.
- D. When notified by the Stated Clerk or executive that a report of alleged sexual misconduct has been received, the PRT shall convene three (3) persons from among its members to serve as a Case Team to handle the report. The Case Team will work with and be available to the reporter, the alleged offender, and the families involved. The Chair of the

PRT shall periodically follow up with the Case Team, monitor their progress, and offer any needed assistance and support.

E. Case Team members are exempt from being cited to appear as witnesses in an ecclesiastical judicial trail under the Rules of Discipline. Presbytery recognizes that service on a Case Team constitutes "good cause" for refusing to testify under D-7.0204 and D-11.0203.

### 5. Functions of the Case Team

- A. The Case Team shall perform the following functions:
- 1. Receive the written claim of sexual misconduct from the Stated Clerk or Executive;
- 2. In cases involving allegations of physical abuse or criminal sexual conduct, the Case Team shall first confirm that a report has been made to the appropriate governmental body. (See definition of "Mandated Reporter" in Attachment A, Definitions.)
- 3. One or more members of the Case Team shall meet with the reporter to informally review the report, or with the alleged victim to hear the accusation firsthand. The alleged victim may be accompanied by persons (limited to two) whom they wish to have present for support. If the reporter is different from the alleged victim, the Case Team shall review the information that is the basis for the report, and the source(s) of that information. If the report is found by the Case Team to be credible, they will attempt to contact the alleged victim. All communications with the reporter and/or the alleged victim shall be confidential.
- 4. The Case Team shall inform the alleged victim of the different remedies that the victim may pursue. These may include filing a formal written statement of alleged offense to initiate inquiry by an investigating committee under the Rules of Discipline.
- 5. The PRT will also identify a care person (from Presbytery staff or Committee on Ministry) from outside its members, to reach out and offer care and support to the person accused; the PRT will provide the caring individual with the name of the person accused, and no further details.
- 6. In no more than seven days after the convening of the Case Team, the Case Team shall advise the alleged offender, in writing, (A) of the allegation and advise the alleged offender to have no further contact of any sort with the reporter, the alleged victim, or the alleged victim's family; (B) that they may want to obtain legal counsel or other advocate since the accusation could result in church disciplinary procedures or civil or criminal court action, in addition to any other necessary support; and (C) that a written response to the accusations is requested.
- 7. Gather information regarding the allegations from the reporter, if not the alleged victim, and others who may have knowledge or information relating to the allegation;
- 8. The Case Team shall provide a written copy of this Policy to the alleged victim or third party reporter and the alleged offender, and seek adherence to this Policy by all

parties involved;

- 9. Prepare a written report of the case for submission to the appropriate person, committee of the governing body, or entity.
- B. During or as a result of its review of information, the Case Team:
- 1. Shall recommend that all parties involved seek professional psychological or certified pastoral counseling throughout the Case Team process;
- 2. Shall recommend immediate actions for the pastoral care of the reporter, the alleged victim, the alleged offender, the families of all parties involved, congregations and governing bodies;
- 3. Shall recommend actions to be taken within the congregation, governing body, or entity;
- 4. Shall at all times treat the alleged offender with Christian kindness and respect, and may meet with the alleged offender if requested. Prior to the meeting, the alleged offender shall be advised of their rights according to the "Rules of Discipline";
- 5. Must tell the alleged victim if the alleged offender has admitted to the misconduct;
- 6. If there has been no admission of misconduct and the allegation is to be pursued, advise the reporter or alleged victim of the option of filing a written statement of alleged offense with the Stated Clerk of Presbytery or the Clerk of Session pursuant to the Rules of Discipline.

#### C. The Case Team shall not:

- 1. Advocate for any party involved;
- 2. Act as legal counsel for any party involved;
- 3. Act as counselors to any party involved;
- 4. Replace the functions of the Committee on Ministry, Council, or Investigating

Committee:

- 5. Enforce a specific remedy or disciplinary action;
- 6. Breach the confidentiality of information received.
- D. Final Report of the Case Team: Within 60 days from the date the Case Team first receives the written report of alleged sexual misconduct, the Case Team shall submit a written final report to the Chair of the PRT and to the appropriate committee of the governing body or person. The report shall be filed with COM, Presbytery Operations, or other

appropriate Presbytery entity according to the facts and circumstances of the case. A copy shall be given to the reporter and the alleged offender. The final report shall include:

- Name and address of parties involved;
- A summary of the allegations;
- A summary of the facts as stated by the parties involved;
- A summary of the Case Team's actions to date;
- The remedy, if any, sought by the reporter and/or alleged victim;
- The Case Team's findings to date, and whether the alleged sexual misconduct is substantiated;
- The Case Team's recommendation for possible further actions, recommendations which may include, at any time before an Investigating Committee is established, leave of absence for any party;
- A list of the Case Team's members and the date of the report.

## 6. Responses When Allegation is Not Substantiated

In cases where the allegation is not substantiated, a record of the process and its conclusion will be provided to the alleged offender and may be included in his/her personnel file.

## 7. Responses When Allegation is Substantiated

- A. If the Case Team concludes that the offense and consequences of professional conduct show poor professional judgment or crossings of boundaries, the Case Team will recommend that the Committee on Ministry, Personnel Committee, or other appropriate entity take the following steps:
  - 1. Issue an advisory of corrective action. Clear guidance shall be provided in order for the offender to accomplish the necessary corrective action.
  - 2. Issue a warning in response to a situation of unquestionably inappropriate and unwise behavior but which is not clearly professional misconduct of a sexual nature.
  - 3. Issue a reprimand in response to the situation. This action will be recorded and placed in the offender's personnel file as well as in the Committee on Ministry files.
- B. If the Case Team concludes that the offense and consequences of professional sexual misconduct:
  - (1) involves unwanted physical contact or physical contact that involves an intrinsic

imbalance of power, including, but not limited to, contact between a pastor and a member of a congregation; or

- (2) includes behavior which may be a violation of the Constitution of the Presbyterian Church (USA); or
- 3) includes conduct which, in the majority opinion of the Case Team, should result in suspension and/or termination,

The Case Team shall recommend that the Committee on Ministry, Operations, or other appropriate entity follow a course of disciplinary action in accordance with the BOOK OF ORDER as follows:

- 1. The Case Team shall file a formal statement of alleged offense with the Stated Clerk. In the case of a minister member of Presbytery, the Committee on Ministry shall take prompt and necessary steps as provided for within the Book of Order for the good of the church and to protect others from further harm. Possible steps include placing the offender on a restricted status, and/or suspending the offender from ministerial responsibilities. If the minister is installed in a pastoral relationship to a church, the steps shall be taken in consultation with the session of the church.
- 2. In the case of a minister serving in an uninstalled pastoral relationship to a church or a person serving as commissioned ruling elder or other lay supply relationship, the Committee on Ministry in consultation with the session shall take prompt and necessary steps which serve the good of the church and which protect others from further harm. Such steps may include the suspension or termination of the pastoral or supply relationship to the congregation. In the case of a person who has been trained and recommended by Presbytery to serve as commissioned ruling elder but is not currently serving a church, the Committee on Ministry may determine that it will not approve that individual for service to any church until it is satisfied that appropriate rehabilitation has taken place.
- 3. In the case of a certified Christian educator serving a congregation of the Presbytery, the Committee on Ministry shall counsel with and support the session through administrative steps needed to assure the good of the church and to protect others from further harm.
- 4. In the case of an employee of the Presbytery who is not a minister member of Presbytery, the Personnel Committee of Council shall take prompt and necessary steps as provided for within Presbytery's Personnel Policies for the good of the Presbytery and to protect others from further harm. Such steps may include the suspension or dismissal of the employee.
- 5. In the case of persons serving as officers of the Presbytery (but not on staff), or as volunteers and lay persons serving on Presbytery committees, boards, councils and commissions, and other entities in support of Presbytery programs, the Presbytery Council, division, committee commission, or other appropriate entity shall take prompt and necessary steps to assure the well being of the Presbytery and

to protect others from further harm. If the person was elected to position by Presbytery, the entity may recommend that Presbytery rescind his or her election.

- C. Record keeping: In the case of a church professional, the Case Team's report along with documentation of the action taken in response thereto, shall be placed in the offender's personnel file. In the case of a volunteer, the action shall be recorded by the governing body in a file maintained by the appropriate governing body official in order to prevent inadvertent reassignment.
- D. Response to Secondary Victims: The offender's family, peers and the congregation are also victims of the professional and misconduct of a sexual nature. They too deserve attention and sensitivity to the hurt and pain that they are experiencing.
  - 1. Family Members of the Offender The Committee on Ministry will reach out to family members with Christian care and concern.
  - 2. Co-Workers of the Offender The Committee on Ministry will schedule a meeting to inform the offender's co-workers of the actions taken regarding the offender and to provide an opportunity for discussion.
  - 3. Congregation In conjunction with the local leadership, it is recommended that the Stated Clerk, in consultation with the Committee on Ministry, communicate in writing with every member of the congregation the findings and action taken in the course of disciplinary process, and/or by the Committee on Ministry. The Committee on Ministry will offer a trained consultant to educate the congregation regarding professional misconduct of a sexual nature in the ministerial relationship. This will help attend to the congregation's grief, anger, and other reactions. Three-, six-, nine-, and twelve-month follow-up contacts will be made by the Committee on Ministry or its representative with the local congregation to assess whether or not further help is needed. Additional follow-up contacts will be made if needed.
- E. Restoration to Ministry: If a minister has been excluded from the exercise of ordained office as the result of having committed sexual misconduct, Presbytery may consider restoration to ministry upon a showing of the following:
  - 1. Unequivocal acknowledgement of responsibility for harm done to victim(s), as reflected in a letter of apology.
  - 2. Genuine remorse for harm done.
  - 3. Repentance a fundamental change in behavior and understanding, which may be accomplished through appropriate therapy.
  - 4. Offering of appropriate restitution to victim(s).
- 8. <u>Media Contact:</u> Any inquiries from the media regarding an allegation of sexual misconduct must be directed to the Stated Clerk, Chair of Committee on Ministry, or

other designated official of the Presbytery or entity involved. Questions from the media shall not be addressed by any member of the Case Team.

## Judicial Process Under the Rules of Discipline:

At any point, a reporter or victim alleging sexual misconduct may initiate disciplinary action against the alleged offender as provided for by submitting a formal written statement of the alleged offense to the Stated Clerk of Presbytery if the alleged offender is a member minister of Presbytery, or to the Clerk of Session in the church of membership of the alleged offender if they are not a member minister. The Stated Clerk or Clerk of Session shall refer the allegation to the appropriate investigating committee (D-10.0202) that shall meet as soon as possible after its formation. The Stated Clerk shall have authority to appoint the Investigative Committee after consultation with the Executive Presbyter or if the Executive Presbyter is the person alleged against, the Stated Clerk shall consult with the Chair of Coordinating Cabinet. Any allegation against the Stated Clerk under this section may be submitted to the Stated Clerk of the Synod of the Covenant. The investigating committee shall conduct its investigation in accordance with D-10.0202. The investigating committee shall maintain regular contact with the person making the allegations, keeping them informed about the status of the investigation. Under no circumstances should the investigating committee contact the offender without first advising the person making the allegations of the date of that contact.

#### Administrative Process:

Following a report of sexual misconduct against a staff member of the Presbytery of Detroit or a member of Presbytery serving a church or agency, the appropriate committee (COM or Operations) shall consult with the reporter and/or victim, the alleged offender, and the involved Session or board of oversight to ascertain whether the circumstances would be aided by the alleged offender being advised to take an administrative leave. If the alleged offender refuses and the Presbytery believes it imperative, the Presbytery may proceed under G-2.0904 or the personnel policy to remove the person, observing the requirements for hearings and fair procedures of G-3.0109 as appropriate. The COM may also request that an administrative commission be appointed to deal with the discord caused by the alleged misconduct.

A church that has experienced sexual misconduct by the pastor shall be under the direction of the Presbytery for a year. The COM shall insure that an interim pastor is called who has skills in confronting and processing issues that are the result of the pastor's conduct. Similar appropriate steps shall be taken when a church has experienced sexual misconduct by its associate pastor.

## Legal Action:

The PRT or Case Team may find it necessary or required under mandatory reporting laws to take legal action by reporting an offense to the appropriate authorities. In no circumstance will other responses under this policy be understood to preclude legal action.

#### Conclusion:

After all the procedures outlined above have been carried out the PRT shall coordinate an evaluation, seeking responses from persons and groups involved in the response to the allegation of misconduct.

End of Document Attachments Follow Below

#### ATTACHMENT A

#### **DEFINITIONS**

**Adultery:** Sexual conduct that violates the marriage vows of one or both participants.

**Allegation:** An assertion, avowal or claim that may lead to an accusation or charge.

**Alleged Offender:** Person against whom an allegation has been made.

**Book of Order:** The <u>Book of Order</u> is the second part of the Constitution of the Presbyterian Church (U.S.A.). It contains the Form of Government, the Directory for Worship and the Rules of Discipline. (The first part of the Constitution of the PCUSA is The Book of Confessions.)

**Boundaries:** In a professional helping relationship (such as pastor/member of congregation, youth leader/youth group member, counselor/client), the limits or parameters which must be honored and observed by the helping professional in order to maintain the primary purpose or function of the relationship. The focus on the primary purpose or function of the relationship becomes blurred and can be lost if a boundary is crossed.

**Investigative Committee:** Convened by the Session or Stated Clerk to investigate reports of sexual misconduct.

**Church:** When capitalized refers to the Presbyterian Church (U.S.A.); when spelled with the initial "c" in lower case refers to local churches.

**Commissioned Ruling Elder:** An elder granted a local commission by the Presbytery to lead worship and preach the Gospel. See Book of Order G-2.10.

**Committee on Ministry (COM):** The Presbytery committee which serves as pastor and counselor to the ministers in the Presbytery, facilitates the relations between congregations, ministers, and the Presbytery and seeks to settle difficulties on behalf of Presbytery when possible and expedient. See <u>Book of Order G-3.0306</u>.

**Confidentiality:** An assurance that information will be kept private and only shared with persons who have a need to know.

**Congregation:** A general term to describe members and participants of a particular church.

Attachment A 1 Definitions

**Employee:** Any person hired or called to work for the Presbytery or any church or related organization within the jurisdiction of the Presbytery for salary or wages.

**Entity:** Any congregation, camp, program, or office managed by a board, committee, council, or other body whose membership is accountable to a governing body.

Governing Body: A representative body composed of elders and ministers of the Word and Sacrament; these are sessions, presbyteries, synods, and the General Assembly. A governing body may establish entities such as day care centers, conference centers, camps, homes for the aged, or other mission entities. A governing body may have both church members and non-members as employees.

**Inquiry:** The process described in the Rules of Discipline to determine whether charges should be filed based upon allegations of an offense received by a governing body. See <u>Book of Order</u> D-10.0200.

**Investigation:** Term generally used by police, secular prosecutors, and child protective services when responding to allegations of an offense. Term is also used interchangeably with Inquiry in the Rules of Discipline.

**Mandated Reporter:** A person who is required by law to report any and all suspected incidents of child, elder, or vulnerable adult abuse, including sexual abuse that come to their attention. In Michigan, clergy are mandatory reporters.

**Persons Covered:** This policy includes the ministers, officers and employees of the Presbytery of Detroit, and the volunteers and lay persons serving preaching and pastoral functions, including those who serve on Presbytery committees, boards, councils and commissions, and other entities in support of Presbytery programs.

**Reporter:** The person claiming knowledge of sexual misconduct by a person covered by this policy or a person alleging to have been abused by a person covered by this policy. The reporter may or may not have been the victim of the alleged sexual misconduct. A person such as a family member, friend, or colleague may be a non-victim reporter.

**Response:** Action taken by the governing body or entity when a report of sexual misconduct is received. In may include (1) inquiry into facts and circumstances, (2) possible disciplinary action (administrative and/or judicial), (3) pastoral care for victims and their families and others, and (4) pastoral care and rehabilitation for the accused and care for their families.

**Presbytery Response Team:** The committee established by this policy to coordinate Presbytery's response to reports of alleged sexual misconduct.

**Secular (Civil) Authorities:** The governmental bodies whether city, county, state, or federal who are given the responsibility to investigate, criminally prosecute, and/or bring civil charges against individuals accused of sexual crimes or offenses against adults and children.

Attachment A 2 Definitions

**Secular (Civil) Law:** The body of municipal, state, and federal laws often referred to collectively as civil and criminal law. (Note: Prohibited behavior addressed by this policy may result in criminal and/or civil charges filed under secular [civil] law.)

**Sexual Abuse:** Sexual involvement or contact by clergy or other persons covered by this policy with a person within the professional relationship including any person under the age of eighteen years, any person over the age of eighteen years who lacks the mental capacity to consent, or any person when the conduct includes force, threat, coercion, intimidation, or misuse of office or position. See <u>Book of Order D-10.0401(b)</u>.

**Sexual Harassment:** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- 1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or their continued status in an institution,
- 2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual,
- 3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, or offensive working environment based on the declared judgment of the affected individual, or
- 4. An individual is subjected to unwelcome sexual jokes, unwelcome or inappropriate touching, sexual propositions, or other conduct of a sexual nature, or display of sexual materials that insult, degrade, and/or sexually exploit others.

In determining whether conduct is sexual harassment, the standard to be applied is that of the reasonable person of the same gender as the victim. Lack of intent to harass is no defense.

**Sexual Malfeasance:** Any impropriety or wrongdoing resulting from sexual conduct within a ministerial or professional relationship. Examples of such conduct include adultery, indecent exposure, unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature. This definition is not meant to restrict church professionals from having normal mutual, social, intimate, or marital relationships.

**Sexual Misconduct:** Comprehensive term used in this policy and its procedures to include:

- 1. Sexual Harassment as defined above.
- 2. Rape or sexual contact by force, threat, or intimidation.
- 3. Sexual Malfeasance as defined above.
- 4. Production or distribution of pornography as defined by actions or policy statements of the General Assembly, Presbyterian Church(USA).
- 5. Sexual conduct that involves unwanted physical contact or physical contact that involves an intrinsic imbalance of power, including, but not limited to, contact between a pastor and a member of a congregation.
- 6. Behavior which may be a violation of the Constitution of the Presbyterian Church (USA).

**Victim:** Person who claims to have been, or is alleged to have been, injured by sexual misconduct by a person covered by this policy. (See Reporter above.)

**Volunteer:** A person who provides services for governing bodies and entities of the Church and receives no benefits or remuneration. Volunteers include persons elected or appointed to serve on boards, committee, and other groups, and persons requested to perform specific functions for the Presbytery. Reimbursement for travel expenses and other out-of-pocket expenses is not remuneration.

**Vulnerable Adult:** Any person eighteen-years-old or older without the developmental or cognitive capacity to consent.

Attachment A 4 Definitions

# ATTACHMENT B

# Presbytery of Detroit

## Employee/Volunteer Ouestionnaire

| neglect of a child, (3) or physical/mental abuse.  | ave been convicted of (1) criminal sexual conduct, (2) I certify that (a) no civil, criminal, or ecclesiastical against me for sexual misconduct; and (b) I have never sons related to sexual misconduct. |
|--|---|
| Signature  | Date  |
| NOTE: If you are unable to make the above certificatermination, or the outcome of the situation and an | ation you may instead give a description of the complaint, y explanatory comments you care to add.  |
| Acknowledgment of  | Receipt of Sexual Misconduct Policy   |
|  | ved a copy of the "Sexual Misconduct Policy" of the understand its meaning, and agree to conduct myself in the of information mentioned above.  |
| Signature  | Date  |
| Witness  | Date  |

Witness Date