POD FORM 5A	
DATE:	

APPLICATION TO BE ENROLLED BY PRESBYTERY AS A CANDIDATE

Presbytery							
NAME OF APPLICA	ANT:	(FAMILY)		(Fra 200)		(Marris a N	
	(FA			(First)		(MIDDLE/N	ATAL)
CURRENT ADDRE	SS:						
		(STREET OR PO BOX))	(CITY)		(ST)	(ZIP)
MAIN PHONE #: _			Alt.	PHONE #:			
E-Mail:		(H/O/M)					(H/O/M)
PERMANENT ADD	RESS.						
(IF SAME, WRITE IN		(STREET OR PO BOX))	(CITY)		(ST)	(ZIP)
						, ,	, ,
Gender:	Date (OF BIRTH:		ETHNIC OI	RIGIN: _		
CHURCH OF MEM	DEDCHID:						
CHURCH OF MEM	векзніг.	(NAME OF	Church)				
Address:		(TWINE OF	Cheken				
	REET OR PO I	Box)	(CITY)		(ST)	(ZIP)	
	_						
DATE ENROLLED							
In What Churci	H OCCUPAT	ΓΙΟΝ ARE YOU INTE	RESTED A	T THIS TIME? (e.g., PASTOR	, YOUTH MINIS	TER,
Mission Worker, Chr	ISTIAN EDUCA	ATOR, ETC.)					
PRESENT SCHOOL	ATTENDI	NG:					
LOCATION:				EXPECTED C	GRADUAT	ON:	
(Cı	TY)		(ST)	_			
FORMER/CURREN	т Оссира	TION:					
		INQUIRER	R'S STAT	EMENT			
I HEREBY APPLY T	O BE ENRO	DLLED BY THIS PRES	SBYTERY	AS A CANDIDA	TE.		
I certify no c	civil, crimir	nal, ecclesiastical co	mplaint ha	s ever been sus	stained or	is pending a	ngainst me.
		above certification. me of the situation v				description	of the
		CANDIDATE FOR TH THE GRACE OF GO					г, І
WHOLEHEARTEDL	Y WITH TH	E SESSION AND THE	E PRESBY				ION FOR
Inquirer's Sign	ATURE: _					(DATE)	

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 #:	(BINEET ON TO BOIL)	ALT. PHONE #:	(6111)	(51)	(21)
_	(H/	O/M)			(H/O/M)
EMAIL:					
How long have you kn Name:	NOWN THIS PERSON?				
(TITLE)	(FIRST)		(FAMIL	Y)	
ADDRESS:	(Company on DO Doys)		(Come v)	(OTF)	(ZID)
MAIN PHONE #:	(STREET OR PO BOX)	ALT. PHONE #:	(CITY)	(ST)	(ZIP)
		$\frac{\text{O/M}}{\text{O/M}}$			(H/O/M)
EMAIL:	,	,			
HOW LONG HAVE YOU KN	NOWN THIS DEDSON?				
Name:	WWW TIME LEADOW.				
(TITLE)	(FIRST)		(FAMIL	Y)	
Address:					
	(STREET OR PO BOX)	A D	(CITY)	(ST)	(ZIP)
MAIN PHONE #:	(U/	${O(M)}$ ALT. PHONE #:			(H/O/M)
EMAIL:	(n/	O/M)			(II/O/M)
HOW LONG HAVE YOU KN	NOWN THIS PERSON?				
	SESSION EVALUATION	AND R ECOMMENDATIO)N		
BY THE END OF THE INQUI				PROMISE	
FOR MINISTRY BY PRESENT		REPORTED DENIGH OF THE P	121122Qe1112	THOMESE	
		ISTIAN VOCATION IN THE REFOR	MED TRADITION AN	ID HOW IT	
RELATES TO HIS OR HER S	*				
		TES AN UNDERSTANDING OF THE T RSONAL FAITH STATEMENT REGA		,	
-/	HEIR INTERRELATIONSHIPS;	RSONALTAITITSTATEMENT REG		GGLS IS ABOUT	
·		N, INDICATING HOW THAT AWARI	ENESS GROWS OUT	OF PARTICIPATIO)N
IN THE LIFE OF A PARTICU 5) A STATEMENT OF SELF-UI	· · · · · · · · · · · · · · · · · · ·	CTS THE INQUIRER'S PERSONAL A	AND CHI THEAL BAC	CKGROUND AND	
		IYSICAL, AND MENTAL HEALTH;	IND COLIONAL DAG	KOKOUND AND	
6) A STATEMENT OF HIS OR	HER UNDERSTANDING OF THE	TASK MINISTRIES OF THE WORD			
INCLUDING AN AWARENE WHICH GROWTH IS NEEDE		TS FOR MINISTRY OF THE WORD	AND SACRAMENT	AND OF AREAS IN	ı
THE SESSION OF				MET WITH]
(NA	ME OF CHURCH)	(CITY)	(ST)	_	
	ON	AND SUBMITS	THE FOLLOW	ING REPORT:	•
(NAME OF INQUIRER)	(D.	ATE)			
THE SESSION ENDORSES	/DOES NOT ENDO	ODCE THIC MOLH	RER'S REQUES	TETO DE	
	/ DOES NOT END	OK2E THIS INOUT	KEK 2 KEOUES	ST TO BE	

POD FORM 5A

NAME:		
INA WIE		

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)	(FAMILY)		-	
MAIN PHONI	E#:	ALT. PHONE #:			
		(H/O/M)			(H/O/M)
E-MAIL:	_				
ADDRESS:					
	(STREET OR PO BOX)	(CITY)	(ST)	(ZIP)	
THIS REPORT	Γ WAS PREPARED FOR T	THE SESSION BY:			
(NAME)		(Position)			
MAIN PHONI	Е#:	ALT. PHONE #:			
		(H/O/M)			(H/O/M)
E-MAIL:					
Session will	l copy & mail all pag	es of Form 5A to the Presbytery's CPM	and	Stated (Clerk
	REPORT OF ENI	ROLLMENT AS A CANDIDATE BY PRESBYTER	ĽΥ		
		WAS ENROLLED AS A CANI	DIDAT	TE BY	
(NAME OF INQUI	RER)				
		ON			
(NAME OF PRESE	BYTERY)	(DATE)			
CICNIATIID	RE OF STATED CLEF	OV.			

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