

APPLICATION FOR ORDINATION
The American Baptist Churches of Los Angeles, Southwest and Hawaii

PERSONAL

Name _____ Phone _____

Address _____ City _____ Zip _____

E-mail _____ Date of Birth _____

Marital Status: ☐ Single ☐ Married ☐ Divorced If married, name of Spouse _____

If married, is spouse supportive of your ministerial plans? ☐ Yes ☐ No

Is spouse active in church? ☐ Yes ☐ No

Have you ever been denied ordination? ☐ Yes ☐ No If yes, explain _____

EDUCATIONAL PREPARATION

High School _____ Graduate? ☐ Yes ☐ No

College _____ Graduate? ☐ Yes ☐ No

Seminary _____ Graduate? ☐ Yes ☐ No

Other Education _____ Graduate? ☐ Yes ☐ No

Have you had a course in Baptist History? ☐ Yes ☐ No

If so, When? _____ Where? _____

CHURCH AFFILIATIONS

Current local church membership _____ How long? _____

Member in good standing? ☐ Yes ☐ No Have you experienced believer's baptism by immersion? ☐ Yes ☐ No

Have you ever been a member of any other denominations? ☐ Yes ☐ No - Please give names and dates:

If you are involved in any other church related organizations, please list
Why did you decide to become an American Baptist?

EXPERIENCE

What other lines of work have you followed? _____

What church offices have you held? _____

In what capacity are you now serving? _____

Have you ever been licensed by a local church for Christian ministry? ☐ Yes ☐ No - If so, when? _____

Church _____

Describe the ministry for which you are now prepared? _____

What do you plan to make your major emphasis? _____

Why is American Baptist ordination important to you? _____

To what church or church-related ministry are you being called? _____

Please submit complete names and email addresses of five references:

Include 3 individuals who have experienced your ministry; 1 peer associate in ministry; 1 supervisor / mentor / professor from seminary.

NAME – Email Address

1.

2.

3.

4.

5.

6. **Pastor -**

An additional page may be attached to communicate any further information you want the committee to know.
Return completed application to:

Debbie Gentry - dgentry@abcoflash.org (preferred)

OR

Attn: Ordination Standards Committee
ABCOFLASH
213 N. Louise Street
Glendale, CA 91206