

SOUTH CENTRAL OHIO DISTRICT MINISTERIAL STUDIES BOARD STUDENT INFORMATION/REGISTRATION FORM (SIRF)

CHECK ONE:

New Enrollment

Update Existing Enrollee

Today's Date: ____ / ____ / ____

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____ Preferred Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female Current Employment: _____

Do you have a high school diploma? _____ If not, do you have a GED? _____ Date conferred (mm/dd/yyyy): _____

List previous college experience with date(s) of graduation (mm/dd/yyyy) & degree(s) earned, or if non-degree, list date(s) attended (mm/yyyy):

Local Church Information

Local Church Membership: _____ Pastor's Name: _____ Pastor's Email: _____

Date Began Attending (mm/yyyy): _____ *Mentor's Name: _____ *Mentor's Email: _____

Current Ministry Involvement: _____

**NOTE: If pastor appoints a Mentor from the staff to shepherd the student through the ministerial preparation & ordination process, provide mentor's contact info above.*

Ministerial License Information

Have you received a Local Minister's license from church listed above? YES NO Date of first license (mm/dd/yyyy): _____

Have you received a District Minister's license? YES NO Date of first District License (mm/dd/yyyy): _____

Your Call

If you are enrolling for the first time on this district, attach a typed brief description of your call into full-time Christian ministry (200 words or less).

Have you talked to your pastor about your call? YES NO

Into which Course of Study are you now enrolling: Elder Deacon Lay Minister (See "Handbook for Christian Ministries")

If enrolled in the Deacon track, select which track you are pursuing (choose only one):

Administration Chaplain Christian Education Compassionate Ministry Music Ministry Youth Ministry

How do you plan to pursue your course of study? Check all that apply:

Nazarene Bible College Online Degree NBC Online Certificate of Ministry Prep. Northwest Nazarene University Online Degree

NNU Online CMP MVNU Degree MVNU CMP Other College/Seminary: _____

Turn sheet over to complete this form.

This Covenant must be hand-signed and dated by the student, the local church pastor, and the mentor (if one is appointed by the pastor)

Covenant of Ministerial Preparation

STUDENT COVENANT:

By signing below, I declare that I have studied the current edition of the "Handbook for Christian Ministries," the Central Ohio District's "Outline for Ministerial Preparation," and all of the portions of the current "District Assembly Journal" and directives pertaining to district ministerial studies and credentials. I agree to hold myself solely responsible for acquiring, knowing, and closely following all of the responsibilities enjoined upon me by these documents and any other correspondence communicated to me via the contact information I have provided on this form. When any information on my "Student Information/Registration Sheet" changes, I accept sole responsibility for immediately obtaining and submitting an updated form to the DMSB Secretary, and for verifying that such update has been received and processed by the DMSB Secretary. I fully agree that it is my sole responsibility to fulfill all of the requirements outlined in this paragraph and that my failure to do so may result in my being dropped from active enrollment in the Course of Study, inability to receive critical district correspondence, and disqualification for receiving or renewing my District Ministerial License at the next District Assembly.

Student Signature: _____ Date: _____

PASTOR/CHURCH COVENANT:

By signing below, I declare that I have sufficient knowledge of the current editions of the following publications required to shepherd the enrolled student through the process of ministerial preparation and ordination: the "Handbook for Christian Ministries," the "Sourcebook for Ministerial Preparation," the Central Ohio District's "Outline for Ministerial Preparation," and all of the portions of the current "District Assembly Journal" and directives pertaining to district ministerial studies and credentials. I agree to hold myself solely responsible for acquiring, knowing, and closely following all of the responsibilities enjoined upon me and my church by these documents and any other correspondence communicated to me via the contact information I have provided on this form. When any of the pastor or mentor information supplied on this "Student Information/Registration Sheet" changes, I accept sole responsibility for immediately updating that information with the DMSB Secretary, and for verifying that such update has been received and processed by the DMSB Secretary. I understand and fully agree that a failure to fulfill the responsibilities outlined in this paragraph by the student, myself, my church, or any person I might appoint as the student's mentor, may result in the student being dropped from active enrollment in the Course of Study, our inability to receive critical district correspondence, and the student being disqualified from receiving or renewing a District Ministerial License at the next District Assembly.

Pastor's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____
(If one is appointed)