APPLICATION FOR VOCATIONAL COUNSELING PROGRAM

The Vocational Counseling Program is for Disciples ministers who are transitioning from full-time to part-time ministry, helping them discern complementary vocations that will add new streams of household income, while avoiding crisis-oriented helping professions. The goals of the program are to mitigate burnout and help part-time pastors stay in ministry longer.

To be eligible for assistance under the Vocational Counseling Program, you must satisfy all of the following criteria:

1. be a credentialed minister in the Christian Church (Disciples of Christ) with standing;
2. show that you are transitioning from full-time to part-time ministry employment (evidenced by a letter from their congregation).

To apply, provide the items 1 and 3 as attachments to a single email (including this application) and send to MRA@pensionfund.org with “Vocational Counseling” in the subject line. For the reference in item 2, have it sent as a separate email directly from the person providing the reference to the same email address.

1. A signed letter from you, responding to the following items (no more than 250 words per item):
   a. Describe the situation that has led to your transition from full-time to part-time ministry.
   b. Share how you plan to balance multiple vocations in order to maintain appropriate boundaries for work and personal life.
   c. If you were presented the right opportunity to work full-time in another (non-ministry) career, what would you do?
   d. Please offer any other remarks about why you are interested in the vocational counseling program.

2. A signed letter of support from your regional minister or Racial/Ethnic national constituency leader. Please ask her/him to respond to these:
   a. Express your support for this pastor receiving vocational counseling to pursue additional career paths to supplement his/her call to ministry.
   b. Indicate any reservations that you have about this transition.
   c. Your assessment of how well prepared the congregation is to manage the transition from full-time to part-time minister.

3. A signed letter of support from your congregational leadership (such as board chair, moderator, elder, etc), responding to these items:
   a. Please describe the situation which led your congregation to transition from a full-time pastor to a part-time pastor.
   b. Describe what steps your congregation is taking to adjust to having a part-time pastor.
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I. MINISTER CONTACT INFORMATION

Name of minister seeking counseling ____________________________________________

Mailing Address ______________________________________________________________

City ___________________ State _____ Country _____ Zip Code __________-

Email address ______________________________________ Daytime Phone Number (______) __________________

II. CONGREGATIONAL CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that the individual identified in Section I is the minister of the congregation identified in Section II. I further certify that the congregation affirms our minister’s participation in the Vocational Counseling Program.

Congregational Representative Signature __________________ Date ____/____/____

Printed Name __________________________ Phone Number (____) __________________

Title ________________________________

III. MINISTER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that I am eligible to participate in the Vocational Counseling Program, that I understand and agree to the terms of the Program, and that I am committed to fulfilling all of the requirements for Program participation.

Minister’s Signature ___________________________ Date ______/_____/______

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