**Addendum B**

**Application for Special Ministry**

Name Date

Address

Phone E-mail

Congregational Membership

Ministry Role Employer

 Licensed (Date): Ordained (Date):

*Please use reverse side or separate sheet as necessary.*

# Vision for Ministry in Relationship to Virginia Mennonite Conference and/or Mennonite Church USA

“This statement should articulate the vision for the particular ministry and describe that vision’s connection to the purposes of Virginia Mennonite Conference and/or the Mennonite Church USA.” (Policy)

# Description of Mutual Support/Ministry Accountability Group

“The support group could be of peers in ministry, persons selected from the congregation, or persons from the place of employment as deemed appropriate to provide care and support.” (Policy)

 I will conduct my ministry in harmony with the Confession of Faith in a Mennonite Perspective

 Letter of request regarding credentialing attached

 Letter of affirmation from congregational leadership attached

**OFFICE USE ONLY**

Oversight Leader Assigned

Cluster/District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ contribution made by on

Conference Minister Date