REQUEST FOR CREDENTIAL RECOGNITION BY ABCOM for ORDAINED PERSONS WITH ABC RECOGNITION

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It is the responsibility of the Com	mittee on the Ministry	to develop	a working rela	ationship with tl	hose who are
serving ABC churches in Maine.	To enable us to serve	you better, p	olease fill out	the form below	and send it to:

Secretary Committee on the Ministry American Baptist Churches of Maine PO Box 617

Augusta, ME 04332-0617

Thank you for your help and cooperation

mank you for your help an	ia cooperation.	Sincerely,
		Secretary of the Committee
		Date:
1. General Information:	Name	
	Home Address	
		Office
	Email:	
Are you a member of	of an American Baptist Church? Yes	
3	Church and Address	
2. Educational Background	:	

- - a. Please list your academic and theological training. Years Attended School

Degrees, if any

- b. Have you completed a ministerial ethics course? If so, when, where, and by whom?
- c. Have you completed an American Baptist History and Polity course? If so, when, where, and by whom?
- 3. Recognition Received:
 - a. Have you been licensed to preach or serve in some other type of ministry? If so, when, where, and by whom?

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duly ap	peen ordained or commi pointed council? when, where, and by wh		hurch congregation upon recommendation of a
c. Where and	when was your ordinati	on recognized by the	e American Baptist Churches of the USA?
4. Please share any no	on-ABC denominationa	l connections in the	past.
5. Positions held: Ple	ase list the churches yo	u have served.	
<u>Church</u>	<u>Position</u>	<u>Date</u>	Denominational Affiliation
6. Please attach a signo	ed copy of the Minister	s' Council Covenant	and Code of Ethics (Appendix G).
7. Please attach a com	pleted and signed copy	of the Self-Disclosu	re and Release Form (Appendix H).
8. Please attach a brief	description of the theo	logical themes that g	guide your present life and ministry.
Committee on the Min	nistry representative sign	nature	Date:/