

Dear Brother,

Greetings in the name of our Lord Jesus Christ. We thank you for considering our Association for your service as an Interim and/or a Supply Pastor. To best serve our member churches, we ask that you complete this application in its entirety. This package includes:

- General Information / Ministry Experience
- Pastor or Church Endorsement
- TEBA Information Release

Roger A Janeey

- Statement of Church and TEBA Ministry Support
- Background and Information Release

If you have any questions or if there is anything we can do in assisting you in completing this information please let us know.

In Kingdom service,

Roger Yancey

Director of Missions

General Information / Ministry Experience

| Name | | Date | | |
|---|-----------------|------------------|--------------------|--------|
| Title Rev. Dr. Bro. Other | | | | |
| Home Address | em | ail | | |
| City | _ ST | ZIP | | |
| Home Phone () | _ Mot | oile () | | |
| Work Place | _ Work Pho | one () | | |
| If bilingual please list your languages here: | | | | |
| Home | e Church Inf | Cormation | | |
| Home Church Name | | | | |
| Address | | | | |
| City | _ ST | ZIP | | |
| Pastor's Name | Church P | hone () _ | | |
| Ministry | Experience . | Information | | |
| Please fill out the first section and then com ministry background. This inf | | | | s your |
| Section 1 – C | General Mini | stry Information | 1 | |
| ☐ I am a Layman ☐ I am / have been a Pastor ☐ I am / have been a Ministry Staff Member ☐ I am / have been a Missionary Name of Agency Place | ce(s) of Servi | ce. | Years: | |
| Traine of Figure 4 | 7C(b) 01 BC1 11 | | locations on back) | |
| I have been Ordained as a Deacon | | | Year | |
| I have been Licensed as a Gospel Minister | | | | |
| I have been Ordained as a Gospel Minister | Church | | Year | |
| I have received specialized training in Interior Year of Training Who C Type of Training | Conducted | | | |

| ☐ I have received served as an ongoing I | Interim / Transitional Pastor in the following churches: | | | | |
|--|--|--|--|--|--|
| Church Name Dates | | | | | |
| | Dates | | | | |
| | Dates | | | | |
| Church Name Dates | | | | | |
| Se | ection 2 – Ministry Experience | | | | |
| | nformation below or provide a resume that includes the requested ou may use the back of this form if needed. | | | | |
| | Educational Background: | | | | |
| High School Name: | Date of Graduation | | | | |
| | Degree: | | | | |
| | Date of Graduation | | | | |
| | | | | | |
| Degree: | | | | | |
| | | | | | |
| Degree: | Date of Graduation | | | | |
| Other: | | | | | |
| Degree: | Date of Graduation | | | | |
| | | | | | |
| Last 4 | Places of Regular Ministry Service: | | | | |
| (please include | e volunteer and lay positions as applicable) | | | | |
| Name of Church | Dates | | | | |
| City | State | | | | |
| Position (s) of Service | Fulltime Part Time | | | | |
| Name of Church | Dates | | | | |
| | State | | | | |
| - | Fulltime Part Time | | | | |
| Name of Church | Dates | | | | |
| | State | | | | |
| | Fulltime Part Time | | | | |
| Name of Church | Dates | | | | |
| | State | | | | |
| Position (s) of Service | Fulltime Part Time | | | | |

| Specialized Ministry / Training: | |
|---|--|
| If you have specialized ministry / training in an area please list below including any certifications: (example – Conflict Resolution / NOVA / Chaplaincy / Other) | |
| | |
| | |
| | |
| | |

Pastor or Church Endorsement for TEBA Pulpit Supply / Interim & Transitional Pastor List

Dear Pastor and/or Church Family:

Part I - Biographical Information

Those who request to be included on the Pulpit Supply / Interim & Transitional Pastor List of the Tryon Evergreen Baptist Association are required to provide evidence of a divine call to Christian ministry, display a sincere commitment to ministry and demonstrate active membership in a local Southern Baptist church.

We ask the applicant's pastor and/or church to affirm the qualities outlined above by completing this candidate endorsement. This form may be completed by either the Pastor or the Church Clerk but must include the signature of the Pastor or demonstrate endorsement by the church in the case of a Pastoral vacancy.

We take your endorsement of the applicant very seriously and thank you for your assistance.

Upon completion of the endorsement you may return it to the applicant or send it to us by mail at:

Tryon Evergreen Baptist Association ATTN: Pulpit Supply List P.O. Box 2408 Conroe, Texas 77305-2408

| Applicant's Name: | | |
|---|--|--|
| Date applicant became a member of your congregation (month and year): | | |
| Applicant became a member of your congregation by (check one): | | |
| □ Profession of faith □ Letter from a Southern Baptist Church □ Letter from a non-Southern Baptist Church □ Other (please specify) | | |
| Is applicant a current member of your church? \square Yes \square No If no, please explain. | | |
| Does applicant reflect activity equal to that of the committed laity in your church In worship service attendance? □Yes □No In financial stewardship? □Yes □No In program involvement? (Bible study, missions, music, etc.) □Yes □No | | |
| Please list positions of leadership, volunteer or paid, which applicant has held in your church: | | |

Other Comments:

Initials of Statement Preparer ______ Statement of Endorsement

The following statement must be read and attested to by the Sr. Pastor or in case of a pastoral vacancy to be completed by the moderator of the congregation with congregational approval.

Having evidence that (name of applicant) is an individual who:

- is committed to the Christian faith;
- evidences a divine call to ministry;
- has moral integrity;
- is emotionally stable and able to fill leadership responsibilities in church life; and
- shows evidence for responsible Christian ministry I/we recommend (name) for inclusion on the TEBA Pulpit Supply / Interim & Transitional Pastor List and pledge our continuing interest and prayerful support.

| Signature of Pastor | | Date | |
|--|-------|------------------------------|------------|
| Name of Church | Deno | mination of Church | |
| Mailing Address | | | |
| City | State | Zip Code | |
| In case of vacancy Date of Congregational Approva | | e church may provide the end | lorsement: |
| Name of Church | Deno | mination of Church | |
| Mailing Address | | | |
| City | State | Zip Code | |
| Moderator's Signature | | _ | |

| TEBA Information Release | | |
|--|-------|--|
| I hereby release the Tryon Evergreen Baptist Association and its agents to provide the information checked below on its website and related publications for the purpose of assisting its member churches. I further understand that its publishing of the information comes without specific guarantees or assurances and that a information published on a website or other forms may be utilized by other parties for uses unforeseen by eight party. My permission will remain in effect until such time as it is withdrawn by me in writing to the physical address of the Association or withdrawn by the Association as needed. | ither | |
| I give permission for you to list my (please check all that apply): | | |
| ☐ Name ☐ Home Phone ☐ Mobile Phone ☐ Email ☐ Ministry Experience ☐ Training | | |
| ☐ I am available for Pulpit Supply ☐ I am available for Interims | | |
| Signature Date | | |
| | | |
| Statement of Church and TEBA Ministry Support | | |
| As a called person committed to the Gospel Ministry I affirm to support the ministry and autonomy of the lochurch working together in cooperation with the member churches of the Tryon Evergreen Baptist Associated I further affirm that I will support the work and ministry of the Tryon Evergreen Baptist Association in the churches in which I serve as Pulpit Supply / Interim & Transitional Ministry. I further understand that my inclusion on the Pulpit Supply / Interim & Transitional Ministry List does not constitute an endorsement by TEBA. | ion. | |
| Signature Date | | |

| Background and Information Release | | |
|---|--|--|
| Have you been accused of any of the following in the past 5 years: Yes No Child Abuse Spouse Abuse Theft or burglary Sex crimes Obscene Calls / Harassment | | |
| If you checked yes, how was it resolved? (please use back of page) | | |
| Have you ever been convicted of a felony in any of the following areas: Yes No | | |
| Child Abuse Spouse Abuse Theft or burglary Sex crimes Obscene Calls / Other Harassment If you checked yes, please explain: (please use back of page) | | |
| Please answer the following: Have you been divorced? Yes No Do you use illegal drugs? Yes No | | |
| Signature Date | | |
| I hereby release the TEBA or its agents to provide this information to member churches if so requested. | | |