

## **Denominational Transfer Application for Ministers**

## **TRANSFER STEPS:**

- 1. The Wesleyan Church district superintendent receipt of your application and the documentation below.
- 2. The Wesleyan Church General Superintendent approval for beginning the transfer process.
- 3. District board of ministerial development examination.
- 4. Completion of denominational history and polity course (or other Education and Clergy Development Division required courses).
- 5. Completion of required minimum of one-year of service under The Wesleyan Church district appointment.
- 6. The Wesleyan Church district board of ministerial development recommendation and district conference final approving vote to receive applicant.

## **APPLICATION INSTRUCTIONS:**

Send the completed application form and documents listed below to The Wesleyan Church district superintendent of the district to which you wish to transfer. District superintendent contact information is available at <a href="https://www.wesleyan.org/about/districts">https://www.wesleyan.org/about/districts</a>.

	A valid letter of standing from the transferring denomination or district.			
	A photocopy of your ordination certificate (or certificate of current level of ministerial standing).			
	A photocopy of your ministerial pocket credential (if any) identifying you are a minister in good standing.			
	Photocopies of all transcripts of	or other official records for	your ministerial education.	
<b>APPLIC</b>	ANT INFORMATION:			
Name _				
	an district you wish to join			
Birth Date		Email address		
Address	/City/State/Zip			
Cell Phone				
Citizensl	hip Status			
Current ministerial status: Licensed		Commissioned	*Ordained	
*If so	o, when and by whom			
Number of years in ministry as: an ordained minister (elder) and/or an				

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ordained deacon			
Reason for transferring to 1	he Wesleyan Churc	h	
Have you ever forfeited you	ır ministerial credent	ials?	
If so, please provide rea	ason(s)		
LIST TIME AND CIRCUMS	STANCES OF THE F	OI I OWING:	
Conversion			
Entire Sanctification			
Call to Ministry			
EDUCATION:			
List all colleges and/or sem	inaries you have atte	ended and degrees	earned:
Colleges and/or Seminaries	5	Degrees	Dates Attended
MINISTRY RECORD:			
List your previous ministeria	al appointments:		
	Position	Denomination	on Dates

MARITAL STATUS:				
☐ Married ☐ Never married ☐ Widowed	☐ Divorced ☐ Remarried			
f applicable Spouse's name Date married				
Religious background Vocation				
Education				
Level of support for ministry				
If divorced and remarried, briefly explain circumstance				
CHILDREN:				
Name(s)	Age Sex			
Name(s)	Age Sex			
GIVE BRIEF STATEMENTS OF YOUR UNDERSTADOCTRINAL ISSUES:	ANDING OF THE FOLLOWING KEY			
Scripture origin, authority and accuracy				
Christian holiness				
Believer security				
Women in ministry				

## PROVIDE A REFERENCE FROM THE OFFICIAL RESPONSIBLE FOR YOUR CREDENTIALS AND A SECOND REFERENCE FROM ANOTHER DENOMINATIONAL LEADER (GENERAL OR DISTRICT):

Name	Position			
Address				
Office Phone	one Cell Phone			
Name	Position			
Address				
Office Phone	Cell Phone			
AUTHORIZATION AND RELE	EASE OF INFORMATION FORM:			
reference listed on this applicate material information about me. I have not listed, to release a serving as a minister in The Wordsumer report, to do a crimprovided. Furthermore, I waive or organization which provides excepting only the communication	thurch and its agents to contact any person, organization, or ation to confirm information supplied by me and/or to obtain other. I authorize all persons and organizations, including others whom my information about my qualifications, character and fitness for lesleyan Church. I authorize the Church to make an investigative minal records check, and to verify any other information I have any rights I may have to confidentiality. I also release any person information from any and all liability for providing that information ation of knowingly false information. I have read this waiver and fully aware of its contents. I sign this consent freely and under no			
Application's signature				
Printed name	Date			
DISTRICT SUPERINTENDEN	T CERTIFICATION:			
recommendation of this cand credentials and transcripts, to  Having verified the informa credentials and good stand	and date this application in the space below to certify your idate. Send approved application form, along with copies of all the General Superintendent at <a href="mailto:transfer@wesleyan.org">transfer@wesleyan.org</a> .  Ition in this application and the candidate's ministerial ding, I recommend			
	ignature Date			