Ministry and Professional Leadership

Preliminary Fellowship Ministry Registration Form

Please complete and **return as an email attachment** to ministerialdevelopment@uua.org.

**DEADLINE IS ANNUALLY ON SEPTEMBER 1ST**

**Note**: the form will expand as you enter information. Use as much space as you need.

Personal Information:  **Date**

Name

Street Address       City, State/Prov       Zip/Postal Code

Home Phone       Cell Phone       Email

[ ]  I have been meeting regularly with my mentor. Mentor’s Name:

(For detailed information on ministries that are eligible for renewal of Fellowship, please go to our web page at: <http://www.uua.org/leaders/leadership/ministerialfellowship>)

[ ]  I **AM** currently working in ministry that is eligible for renewal of Fellowship (at least half-time and compensated). (Complete Ministry section/s below)

[ ]  I am **NOT** currently working in ministry that is eligible for renewal of Fellowship.

Explain

### Current Ministry:

Place of Ministry       Date Ministry Began

Street Address       City, State/Prov       Zip/Postal Code

Work Phone       Work Email

Hours Per Week       If contracted, for how long?

Type of Ministry: [ ]  Parish [ ]  Community

For Parish Ministry, what is your main focus? [ ]  Parish [ ]  Religious Education

For Community Ministry, name your affiliated congregation, district, or UUA association:

Briefly, describe your ministry and include any additional comments:

### Second Position, if applicable:

Place of Ministry       Date Ministry Began

Street Address       City, State/Prov       Zip/Postal Code

Work Phone       Work Email

Hours Per Week       If contracted, for how long?

Type of Ministry: [ ]  Parish [ ]  Community

For Parish Ministry, what is your main focus? [ ]  Parish [ ]  Religious Education

For Community Ministry, name your affiliated congregation, district or UUA association:

Briefly, describe your ministry and include any additional comments: