

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: