Instructions:

1. This form is to be completed by the minister applying for renewal of fellowship.
2. For ministers in multiple positions, please fill out a separate cover page for EACH additional ministerial position you are serving.
3. This form is to be only used for **Community** based positions. Parish settings: please use the Renewal Application Cover Page for Parish-Based Ministry.
4. Please email all evaluation materials to *mfc@uua.org*

Date: Click here

Name: Click here

Street Address: Click here

Town/City: Click here State/Province: Click here

Zip/Postal Code: Click here Email: Click here

Phone: Click here

Period of evaluation: From: start date       To: end date

Application for: [ ]  1st renewal [ ]  2nd renewal [ ]  final renewal

Employer: Click here

Street address: Click here

Town/City: Click here State/Province: Click here

Zip/Postal Code: Click here Phone: Click here

Position of Renewal Applicant: Click here

[ ]  Full Time [ ]  Half-Time [ ]  Quarter Time

[ ]  Other/Hours per week: Click here

Total organizational budget: Click here Number of clients served: Click here

Has this congregation engaged in anti-racism/anti-oppression/multiculturalism training or activities in the past year? [ ]  Yes [ ]  No

Number of full-time paid staff: Click here Number of part-time paid staff: Click here

Number of full-time volunteers: Click here Number of part-time volunteers: Click here

Provide a brief description of the organization’s/agency’s mission statement:

enter text

How is this ministry grounded in UU values?

enter text

**Affiliating Congregation**: Click here

Affiliating Congregation Address: Click here

[ ]  I have included a copy of my affiliating congregation agreement/covenant

**Ministerial Formation Team:**

List the Members of your Ministerial Formation Team and describe their connection to your affiliating congregation or organization/agency. Please note that at least one member must be connected to the affiliating UU congregation or organization/agency; unless alternative composition of the team is approved by the Professional Development Director of the UUA).

enter names and their connections here

**Mentor information:**

Name of your mentor: Click here

Have you been meeting with your mentor monthly for at least an hour during this past renewal period?

[ ]  Yes [ ]  No

If no, please provide further explanation:

Click here

Have you provided a copy of your application for renewal of fellowship to your mentor for review and consultation?

[ ]  Yes [ ]  No

If no, please provide further explanation:

Click here

A separate mentor form must be completed by your mentor and **submitted** by your mentor to mfc@uua.org as part of your renewal application.

**Deadlines for renewal applications can be found on the uua.org website**

**https://www.uua.org/careers/ministers/support/fellowship/7538.shtml**