

**DISCERNMENT
RENEWAL FORM**

**PLEASE SUBMIT
TO CMA OFFICE**

MEMBER IN DISCERNMENT RENEWAL FORM

Date _____ Cluster Number: _____

Name _____ Home Phone _____

Home Address _____ Home email _____

City _____ State: _____ Zip Code: _____

Seminary _____ Graduation Date _____

Place of Work: _____ Work Phone _____

Work Address _____ Work email _____

City _____ State _____ Zip Code _____

Member of What Church? _____ City _____

Date First Taken In Care _____ Mentor _____

Did you complete any of these requirements this past year? If yes, please include verification with this form. If no, please indicate when you are *planning* to complete.

| <i>Requirement</i> | <i>Date Completed</i> | <i>Documentation Attached Y/N</i> | <i>Date Plan to Complete</i> |
|-----------------------------------|------------------------------|--|-------------------------------------|
| UCC History & Polity | | | |
| CMA Boundary Training | | | |
| CPE | | | |
| Seminary/Educational Requirements | | | |

Steps to Renew Your In Care Status:

- A. Complete the top portion of each form and distribute each form to the appropriate persons.
- B. Complete this form.
- D. Make arrangements to meet with your discernment support team/church leadership and your mentor
- E. Share this completed form with both the discernment support team/church leadership and your mentor

F. Then send this form and any other materials to:

**Chicago Metropolitan Association, Illinois Conference - United Church of Christ
1407 E. 60th Street, 2nd Floor, Chicago, Illinois 60637**

1. When you entered the Discernment Process, you were sent a letter notifying you of your acceptance by the Church and Ministry Committee. In that letter, and in subsequent annual renewal letters, recommendations were listed for your work in this past year. Please review this list and comment on your progress in each area.
2. What has been your involvement in your local church (the church where you hold membership)?
3. If you are currently doing a field education placement, what is your involvement at that place of ministry?
4. What has been your involvement in the wider church this past year, e.g., Cluster, Association, Conference?
5. What have you done to care for yourself?
6. Are you experiencing financial difficulties? If so, please share your situation.
7. How have you experienced growth in your spiritual development?
8. What has been your involvement with your Mentor?
9. Please take a few minutes to reflect on the Discernment Process. How can we be helpful to you?

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LOCAL CHURCH FORM

Date _____ Cluster Number _____

Member In Discernment: _____ Date First Taken in Care _____

Church Name: _____ City _____

Pastor's Name _____ Phone _____

Name of Committee or group supporting the MID _____

Chairperson of this group: _____ Phone _____

1. How has your church offered support to MID over the last year? (i.e., spiritual, emotional, financial, etc.)
2. In what ways has the MID been involved in the life of your church?
3. Your church should have received a copy of the letter sent to the MID by the Church and Ministry Committee granting him or her In Discernment status. In that letter the Discernment Team listed several recommendations for the MID to address. Please review the letter and comment on progress made in the recommended areas.
4. Have you seen evidence of growth in the MID over the last year? Please share your observations.
5. Do you have any reservations or concerns about this person preparing for or exploring ordained ministry? If so, please explain.
6. Please take a few minutes and give us your comments about the Discernment process. How can we be more helpful to you?

Signature of Person Completing Form _____ Date _____

Please return this form to:

**Chicago Metropolitan Association, Illinois Conference - United Church of Christ
1407 E. 60th Street, 2nd Floor, Chicago, Illinois 60637
Telephone: 773-324-7650 Fax: 773-324-7692 Email: ilconfwayne@gmail.com**

MENTOR REPORT FORM

Date: _____ MID's Cluster _____

Member in Discernment: _____ Date Taken In Care: _____

Mentor's Name: _____ Mentor's Phone: _____

Mentor's Address: _____

Mentor's Local Church or Place of Ministry: _____

Please help the Discernment Team of Church & Ministry continue to assess this person's growth and "fitness for ministry" by commenting on the following questions:

1. What has been your involvement with the MID named above?
2. What strengths does this person bring to ministry?
3. What areas of growth have you witnessed during your relationship?
4. What suggestions do you have for this person's continued preparation for effective ministry?
5. Do you have concerns or reservations about this person preparing for, or exploring ordained ministry? If so, explain.
6. Do you have any comments about the In Care process? How can we be more helpful to you?
7. Have you shared / do you plan to share, this information with the Member in Discernment?

Signature: _____ Date: _____

Please return this form to:

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