

**REGISTRATION FORM AND QUESTIONNAIRE  
IOWA ANNUAL CONFERENCE  
LOCAL PASTOR LICENSING SCHOOL 2019**

May 16-24, 2019

Shalom Spirituality Center, Dubuque, Iowa

REGISTRATION DEADLINE is **APRIL 20, 2019**

Name: \_\_\_\_\_

Name For Name Tag: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Gender Identity \_\_\_\_\_

Preferred language of instruction: English \_\_\_\_\_ French \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please print VERY clearly! All correspondence with students is done via E-mail unless otherwise requested.)

If you are writing by hand, please print your email again here: \_\_\_\_\_

Emergency Contact: (Name, Relationship, Phone Number)

\_\_\_\_\_

Your Annual Conference: \_\_\_\_\_ Your District: \_\_\_\_\_

District Superintendent: \_\_\_\_\_

District Superintendent Phone Number: \_\_\_\_\_

District Assigned Mentor: \_\_\_\_\_

Name and address of recommending local church charge conference:

\_\_\_\_\_

Date enrolled in candidacy: \_\_\_\_\_

Date of district committee on ordained ministry approval to certified candidate status:

\_\_\_\_\_ (Required Prior To May 10, 2019)

**Leave Blank.**

**PLEASE email a photo  
of yourself in jpg  
format to the registrar.**

**REGISTRATION  
FORM will be  
considered incomplete  
without it.**

**Please share with us any special health and/or dietary issues for which the school must be prepared:**

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**There are a few rooms that have 3-4 steps to navigate between your room and the bathrooms. Please check here if navigating these in the night, or at all, would be difficult for you: \_\_\_\_\_**

**Please be aware that if you have severe dietary restrictions, you may have to provide for your own meals. For instance, the kitchens cannot certify gluten-free surfaces and preparation, but will provide options of foods that are gluten free.**

**District Superintendent's Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTN: D.S. Your signature ensures that this person has completed all requirements for candidacy and that their file contains all necessary forms and paperwork, exams and background checks.**

**Applicants, you are not finished! There are more pages!**

**REGISTRATION QUESTIONNAIRE**  
**(to be submitted with the Registration Form)**

**Answer briefly and to the point, please! (typed or clearly printed answers would be helpful) Attach as additional pages as needed.**

**Please attach a copy of your call story that you shared with your District Committee on Ordained ministry.**

- 1. As you prepare for ministry in The United Methodist Church, what gifts do you bring to that calling?**
  
  
  
  
  
  
  
  
  
  
- 2. What areas of growth do you have as you prepare for ministry in The United Methodist Church?**
  
  
  
  
  
  
  
  
  
  
- 3. About how many sermons have you preached and in what kinds of settings have you preached?**
  
  
  
  
  
  
  
  
  
  
- 4. Have you been a worship leader and in what kinds of settings were such services conducted?**
  
  
  
  
  
  
  
  
  
  
- 5. What religious course-work at or beyond the college level have you had in the areas of:**
  - a. Biblical Studies (name course(s) and where taken)**
  
  
  
  
  
  
  
  
  
  
  - b. Pastoral Care and/or Counseling (describe courses and where taken)**

**c. Preaching, Worship, Theology, Church History, etc. (name courses and where taken)**

**6. Did you attend the Iowa School for Lay Ministry?\_\_\_\_\_ If so, date completed\_\_\_\_\_**

**7. Date and location Lay Speaker Preaching module completed  
\_\_\_\_\_ (please include a copy of certificate)**

**8. What additional Lay Servant (Lay Speaker) courses have you completed?\_\_\_\_\_**  
\_\_\_\_\_

**9. List your educational history (include years attended, degree achieved, and major field of study)**

**High School**\_\_\_\_\_

**College**\_\_\_\_\_

**Seminary**\_\_\_\_\_

**Other**\_\_\_\_\_

**10. What additional certificates and/or experiences do you have that are useful for your call to ministry?**

**Your Signature:**\_\_\_\_\_

**Date of Application:**\_\_\_\_\_

## Registration Fee Worksheet

**Tuition, room and fees to be paid by:**

**Dollar amount enclosed (registration fee)** \$ 100 (amount)

**Amount to be covered by your Annual Conference** \$ \_\_\_\_\_ (amount)

(Iowa Conference candidates will receive a \$500 scholarship as a credit toward tuition.)

**Amount to be covered by District** \$ \_\_\_\_\_ (amount)

**Amount to be covered by local church or student** \$ \_\_\_\_\_ (amount)

**Total amount of** \$750

**All balances due must be paid by registration, the first day of School.**

## How to Register

**Fill out the registration form completely; incomplete forms will not be accepted.**

**Please make checks payable to “The Iowa Annual Conference” and mail or deliver this questionnaire with page 1, 2 and 3 of registration and \$100 NON-REFUNDABLE deposit to the Iowa Annual Conference Office in Des Moines before April 20, 2018.**

**Registrar: Lisa Steel**

**Iowa Annual Conference of the United Methodist Church**

**2301 Rittenhouse St.**

**Des Moines, IA 50321**

**515.974.8939**

[lisa.larson@iaumc.org](mailto:lisa.larson@iaumc.org)