

REGISTRATION FORM AND QUESTIONNAIRE
IOWA ANNUAL CONFERENCE
LOCAL PASTOR LICENSING SCHOOL 2023
IN PERSON AT THE SHALOM RETREAT CENTER APRIL 29TH-MAY 5TH

REGISTRATION DEADLINE is **APRIL 17 2023**

Full Legal Name: _____ Preferred Name: _____

Mailing Address: _____

City, State, Zip: _____

Cell Phone: _____ Date Of Birth _____

Gender Identity _____

Preferred language of instruction: English _____ French _____

Email Address: _____

(If sending a paper copy, please print VERY clearly!

All correspondence with students is done via E-mail unless otherwise requested to set up direct ZOOM meeting.)

Leave Blank.
PLEASE email a photo of yourself in jpg format to the registrar.
REGISTRATION FORM will be considered incomplete without it.

Emergency Contact: (Name, Relationship, Phone Number)

Current Annual Conference: _____ District: _____

District Superintendent: _____ Phone #: (____) ____ - _____

District Assigned Mentor: _____

Name and address of recommending local church charge conference:

Date enrolled in candidacy: _____

Date of dCOM approval to Certified Candidate: _____
(Required Prior to April 17, 2023)

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. What additional Lay Servant (Lay Speaker) courses have you completed? _____

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

High School _____

College _____

Seminary _____

Other _____

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

Please share with us if you are vegetarian, vegan, or have any special health and/or dietary issues for which the school must be prepared. Please list those below.

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.

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 \$600 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 \$800

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 17, 2023.

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