Presbytery of St. Augustine APPLICATION FOR VALIDATION OF MINISTRY

2:	
e address:	
	State: Zip:
hone:	Email address:
ness address (if different):	
hone:	Email address:
oytery Membership:	Effective date of ministry:
he applicant:	
validation is consistent with ar	y the ways in which the ministry proposed for nd/or embodies the mission and values of the outlined in the Mission and Values Statements o
	of this ministry in terms of its regular ties (if you have a job description for the ministry, swer to this question).
education supports and nurtur	y indicating the specific ways in which theological res the work of the ministry and/or the types of articulating the Christian faith presented by the
the character and conductors compensated, and 2) the ethical standards of	separate document) ragencies to whom the minister is accountable for uct of the ministry, whether or not the ministry is fany professional organizations or associations of member in connection with the exercise of this
Please indicate the congregation nature of your participation in	on in which you are a regular participant and the
	chone: chess address (if different): chess address address (if different): chess address addr

I hereby attest that the above-named minister is a member in good standing of the Presbytery of St. Augustine and has been in attendance at presbytery at least once in the year previous to application for or review of validation, and that the annual report of residence and work has been received for that same year.

OR	
I hereby certify that I have receive minister is a member in good standing o whom no disciplinary charges are standi	
OR	
č č	d confirmation that the above-named ament has been certified ready to receive a Ministry of this or another presbytery.
Stated Clerk	 Date