

PRESBYTERY OF CHICAGO**INSTRUCTIONS FOR USE OF THE FORM, "PASTORAL CALL"****BACKGROUND CHECKS:**

NOTE: Final Candidate will complete and return the attached background check release form to the Ministry Coordinator at the presbytery office. Ministry@chicagopresbytery.org
The Commission on Ministry Liaison will help the congregational Pastor Nominating Committee move the call process forward with the chosen candidate when the background check has come back and the candidate is cleared to continue. (At this time, work with the Transition Team liaison is finished and the process continues with the COM Regional Liaison.)

Once the background check is back and the candidate is cleared to continue:

1. PNC completes two Pastoral Call forms. (page 2 of this document)
2. Terms of Call must be stated in detail.
Please note the option for the congregation to provide a three (3) month Clergy Renewal Leave in the seventh year. If agreed upon by clergy and congregation, please check appropriate line.
3. These Terms of Call must be presented (verbally or in written form) to the congregation for vote.
4. Following the affirmative vote of the congregation, complete the signature lines as follows:
 - a. 2 Representatives of the PNC, who are also present at the congregational meeting
 - b. Moderator of the congregational meeting
 - c. Clergy accepting the call

After all signatures are collected, forward both originals to the Ministry Coordinator at the presbytery office. ministrycoordinator@chicagopresbytery.org, or Presbytery of Chicago, 815 W. Van Buren, Ste. 415, Chicago, IL 60607

5. Following approval of terms of call at the COM meeting, the Ministry Coordinator will obtain necessary signatures from the Moderator and Stated Clerk.
6. The Stated Clerk will request, as needed, the transfer of newly called clergy, if clergy is a member of a different presbytery.
7. The Ministry Coordinator sends the fully executed paperwork to the pastor and Clerk of Session of the congregation.

BOUNDARY TRAINING:

All newly ordained Ministers of the Word and Sacrament and/or Ministers of the Word and Sacrament new to the Chicago Presbytery are required to take Boundary Training in the same year of ordination/installation. Thereafter, for all Ministers of the Word and Sacrament, an annual training recertification is required. Please contact the Ministry Coordinator in the presbytery office at 312-488-3010 for information on registering for boundary Training.

**Presbytery of Chicago
Presbyterian Church (U.S.A)
Pastoral Call
(For Pastor, Associate Pastor, Designated Pastor)**

The _____ Presbyterian Church (USA), PIN _____ of _____ belonging to the Chicago Presbytery being well satisfied with your qualification for ministry and confident that we have been led to you by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you,

(name)
To undertake the office of

of this congregation, promising you in the discharge of your duty all proper support, encouragement and allegiance in the Lord.

This call is for (circle one) **an indefinite period** or **a designated term**. "Indefinite period" call is effective starting _____ . "Designated term" call is effective from _____ until _____ .

That you may be free to devote full-time ___ part-time ___ to the ministry of the Word among us, we promise and obligate ourselves to pay you in regular payments the following effective salary and following vouchered expenses (fill in those which are agreed to):

Effective salary		Reimbursable expenses by voucher	
Cash Salary		Automobile Expense	
Fair Rental or Value of Manse		Business/Professional Expenses	
Housing		Continuing Education	
Utilities		Other expenses	
Deferred Compensation		Moving costs (up to)	
Paid Vacation (4 wks min)			
Paid Continuing Ed (2 wks min)		SECA Supplement (up to 50%)	
Full medical, pension, disability, and death benefit coverage under the Board of Pensions			

We further promise and obligate ourselves to review with you annually the adequacy of this compensation. If agreed upon, in the seventh year of service, the congregation will provide for a three-month Clergy Renewal Leave, continuing the salary and benefits for that period, and providing for pulpit supply in the pastor's absence. Please check here if such an agreement has been made (I/we agree _____.)

In testimony whereof we have subscribed our names this _____ day of _____, 20_____.

Signature _____
Congregation Representative

Signature _____
Congregation Representative

Printed _____

Printed _____

Having moderated the congregational meeting which extended a call for ministerial services, I do certify that the call has been made in all respect according to the rules laid down in the Form of Government, and that the person who signed the foregoing call were authorized to do so by vote of the congregation

Vote of the congregation at the meeting was _____ in favor of the candidate and _____ opposed.

Printed Name _____ Signature _____
Moderator of the Meeting

ACCEPTANCE OF THE TERMS

This is to certify that I have received, agreed to and accepted the terms as stated above and the presbytery boundary training requirements.

Date of Acceptance _____ Signature _____ Printed Name _____

**CERTIFICATION OF THE CALL
FOR INTERNAL USE BY THE PRESBYTERY OF CHICAGO OFFICE**

A. BY THE CHURCH'S PRESBYTERY

1. ACTION OF THE COMMISSION ON MINISTRY

This call has been reviewed by the Commission on Ministry. The Commission recommends that the Presbytery of Chicago approve (not approve) this call.

Date of Action _____
COM Moderator

2. ACTION BY THE PRESBYTERY

This call was approved by the Presbytery of Chicago

Date of Action _____
Stated Clerk

B. BY THE MINISTER'S/CANDIDATE'S PRESBYTERY

The _____ Presbytery has been contacted with a request for transfer/release for this minister/candidate and the transfer/release was completed on _____.
(Hard copy of the email or correspondence is attached.)

Notice, Disclosure & Authorization for Release of Information

In connection with my application for employment, I authorize the procurement of an investigative consumer report and understand that it may contain information about my background, character, general reputation, mode of living, credit and/or driving history and job performance. I understand that I am entitled to information concerning the nature and scope of this investigation, and upon written request within a reasonable time, such disclosure will be provided to me within five days of the date of the request, or its receipt. I hereby release the consumer reporting agency: **Baker-Eubanks, LLC**, their client: **Presbytery of Chicago**, and each of these organizations' officers, agents, employees and servants from any liability arising from the preparation of this report or investigations relating thereto.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, consumer reporting agencies and law enforcement agencies to release such information without restriction or qualification to the above named agencies and client, and any of their officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. I agree that this authorization/release shall remain valid for two years. I authorize that a photocopy of this release be considered as valid as the original.

I understand that the Fair Credit Reporting Act gives me specific rights in dealing with consumer reporting agencies, and that I will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document, available at <http://www.bakereubanks.com/wp-content/uploads/2012/11/SummaryofYourRights1012.pdf> or upon request from Baker-Eubanks.

I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

FULL (LEGAL) NAME: _____
Last First Middle

OTHER NAMES USED WITHIN THE PAST 7 YEARS: _____
(Includes frequently used nicknames, e.g. "Bob" for Robert; and maiden or other previous surnames)

OTHER RELEVANT HISTORICAL NAMES: _____
(For use in verifying education and employment)

CURRENT ADDRESS: _____
Street/PO Box City State

HOW LONG HAVE YOU LIVED IN THIS CITY? _____
County Zip

OTHER CITIES OF RESIDENCE AND EMPLOYMENT WITHIN THE PAST 7 YEARS:
(Please include all locations where your name might appear on public records)

SOC. SEC. NO.: _____ DATE OF BIRTH: _____ GENDER: _____

DRIVER'S LICENSE NO.: _____ STATE: _____

SIGNATURE: _____ DATE _____

