

**Foothills Presbytery
Committee on Ministry
Application for Validation of Ministry**

Name: _____

Home Address: _____

Telephone #: _____ E-mail Address: _____

Name of Organization/Ministry: _____

Telephone #: _____ E-mail Address: _____

Current Presbytery Membership: _____

Effective Start Date of Ministry: _____

Please provide a document to describe the position you are asking to have approved as a Validated Ministry. Briefly describe the position, your sense of call to this ministry, and anything else you think is important to share about yourself/this position.

Please let us know how the Committee on Ministry and the Presbytery can support you in this ministry.