

Presbytery of New Covenant Commissioned Lay Pastor Routing Sheet and Contract

Please note: The Contracts Subcommittee of COM cannot accept incomplete or unsigned copies of the routing cover sheet and contract. Please ensure that all appropriate information is included before submitting for Presbytery approval. Please contact Sharon Darden at the Presbytery office if you have questions or need instructions how to submit this CLP application. Thanks.

Date This Cover Sheet Initiated: _____

Period covered by this contract or renewal: From: _____ To: _____

Commissioned Lay Pastor Information:

Full Name (Print) _____

CLP's Address _____

Phone (Day) _____ Eve _____

TIPS-Lay Academy, Date Evaluated and/or Degree Completed _____

Church/Ministry Where Commission Will Be Carried Out:

Church/Ministry Name (Print) _____

Church/Ministry Address _____

Phone (Day) _____ Eve _____

Clerk of Session/Ministry Contact _____

Clerk/Contact's Phone (Day) _____ Eve _____

Please attach a copy of the complete and properly signed *Commissioned Lay Pastor Contract*

To Be Completed By Presbytery Staff

TIPS Lay Academy Evaluated and/or Educated, Confirmed By/Date _____

Standing in New Covenant Presbytery _____

Copy of properly signed CLP Contract attached (Y/N) _____

Mentor's PIF and "Growths & Challenges" documents attached (Y/N) _____

Exam Committee Documents Attached if Applicable (Y/N) _____

Date Contract forwarded to Contracts Committee for Review/Action _____

To Be Completed By COM/Contracts Committee

Appropriate Minimum Contract Terms Included (Y/N) _____

Has Candidate Completed Education/Continuing Education (Y/N) _____

Contracts Committee Action:

Approved/Date _____

Approved with Amendment*/Date _____

Denied/Date _____

To Be Returned to Church/Ministry for Major Rework*/Date _____

Contract Forwarded To/Date _____

COM Advised of Results/Date _____

To Be Completed By COM/Exam Committee (if applicable)

Candidate Advised of Exam/Date _____

Exam Committee Action/Date _____

COM Advised of Results/Date _____

To Be Completed By TIPS

Candidate Evaluated (if by transfer) and meets Educational Requirements/Date _____

or

Candidate Completed TIPS Degree/Date _____

Candidate Advised of Maintaining Educational Good Standing/Date _____

Candidate Current Educational Good Standing Status _____

Final Presbytery Action

Candidate Notified of Action/Date _____

Church/Ministry Notified of Action/Date _____

Contract Filed in Presbytery Office/Date _____

*Notes

**Commission Contract
Commissioned Lay Pastor Program
New Covenant Presbytery**

I. TYPE OF CONTRACT (check one): ___ New Contract ___ Renewal

II. PARTIES

This contract is between the session (or governing board of validated ministry) of _____, located in (city:) _____, (state:) _____ with (CLP's name): _____

III. TERM

This commission shall be for a period not to exceed **three** years, running from (date:) _____ to _____

IV. RESPONSIBILITIES

The scope of duties to be assigned to a Commissioned Lay Pastor shall respect the traditional requirement that congregations be led by trained and ordained clergy. To that end, the Presbytery will limit CLPs to a specific and limited function, in a specific place and for a specific limited time, where:

1. the function is a specific ministry or function, such as Kairos, shut-in ministry, hospice, etc.; or
2. a local congregation is unable to secure the services of an ordained clergy person due to remote geographic location, limited congregation size or other specific needs.

With the above definition in mind, please describe the special ministry/function or the special circumstances of the congregation that this CLP contract is intended to serve:

Please check the possible functions this CLP is intended to perform, including an explanation why these functions cannot be performed by an ordained clergyperson (use separate sheet if necessary):

- Baptism _____
- Lord's Supper _____
- Moderate Session _____
- Voice in Presbytery _____
- Vote in Presbytery _____
- Perform Marriages _____

The CLP will be directly supervised by (name and title:)

Expected average number of work hours per week: _____

V. COMPENSATION

Please list any salary that is to be paid (if none, so state):

VI. EXPENSES & BENEFITS

Please list any benefits or expenses that are to be paid (if none, so state):

VII. MENTORING RELATIONSHIP

During the term of this contract, the person who will be serving as mentor for the CLP is _____.

ALL MENTORS need to attach a current resume/PIF to this contract and, additionally, attach a written statement of "growths and challenges" that will be addressed with the CLP during the course of the mentoring relationship. As part of this mentoring relationship, the mentor and CLP agree to meet at least monthly (in person or by phone). As part of this mentorship (use separate sheet if necessary):

The Mentor will:

1. _____
2. _____
3. _____

The CLP will:

1. _____
2. _____
3. _____

VIII. EDUCATIONAL GOOD STANDING Approved by TIPS, and Reported Quarterly:

CLP has attended 5 Approved Events per Academic Year

CLP has attended 1 Annual CLP Educational Meeting

CLP has completed 2 Annual Approved Courses per Academic Year

IX. SIGNATURES (All signatures need to be included for contract to be considered)

Moderator or ministry head: _____

Clerk of Session: _____

CLP candidate: _____

Mentor: _____

TIPS Educational Evaluation and Good Standing: _____

X. APPROVAL BY COM/CONTRACTS

Approved as written: _____

Approved with noted changes: _____

Denied at this time: _____