

APPLICATION TO THE PRESBYTERY OF DENVER
FOR MEMBERSHIP BY
HONORABLY RETIRED MINISTERS

Name _____ Year Retired _____

Home Address: _____

Home Phone: _____

Email (if any): _____ Work phone (if any): _____

Presbytery of Current Membership: _____

I. Please tell us about your activities and any work you might be doing, paid or volunteer, that is a continuation of your ministry.

Note: If you are engaged in any counseling or therapeutic relationships with clients, even on a volunteer basis, please send us a copy of your registration with the State of Colorado and a Certificate of Insurance from your insurance company. This is in accordance with Presbytery policy, adopted in 1997.

II. Where do you regularly worship? _____

Are you a parish associate? _____

What other ways, if any, do you participate in congregational life?

III. How may the Presbytery be of service to you?

_____ I would like to be considered for service on a Presbytery committee, work group or task force

_____ I would like closer contact with other retired ministers.

_____ I would like a pastoral contact from the Committee on Ministry.

_____ Other:

IV. Please share with us any concerns you have or other comments you wish to make to the Committee on Ministry:

E-mail: cathy@denpres.org Phone: 303-777-2453

Mail: Presbytery of Denver, 1710 South Grant Street, Denver, CO 80210