

# The Intentional Interim Minister Application

## Personal Data

(Please print or type)

Name: \_\_\_\_\_ Badge Name: \_\_\_\_\_ M F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Denomination: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other: \_\_\_\_\_

## Prerequisites

Applicant must have successfully completed the IMN course *Fundamentals of Transitional Ministry*.

Class Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Individuals who have successfully completed interim ministry training through a source other than IMN may submit their evidence of completion to IMN for evaluation.

Before class begins, all students are expected to have completed the current required reading list. The required reading requirements are listed in the Fundamentals of Transitional Ministry Manual.

All applicants must provide endorsement letters as described below.

## Endorsements

All applicants must submit:

1. An endorsement letter from a current intentional interim minister who knows the applicant and his/her work in ministry. (May include IMN faculty.)

**Letter has been requested from:** \_\_\_\_\_.

2. An endorsement letter from applicant's administrative body or judicatory or equivalent that confirms applicant's good standing and suitability for interim ministry.

**Letter has been requested from:** \_\_\_\_\_.

3. A letter of personal recommendation from an ordained minister or lay leader who may be contacted and asked to supply up to three additional reference contacts on the applicant.

**Letter has been requested from:** \_\_\_\_\_.

*I give permission to the IMN to contact all references that may be supplied.*

Signature: \_\_\_\_\_

**Education**

Undergraduate Degree: \_\_\_\_\_ From: \_\_\_\_\_ Year \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ From: \_\_\_\_\_ Year \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ From: \_\_\_\_\_ Year \_\_\_\_\_

Seminary: \_\_\_\_\_ From: \_\_\_\_\_ Year \_\_\_\_\_

Other: \_\_\_\_\_ Years(s) \_\_\_\_\_

Major Academic Interest: \_\_\_\_\_

**Warrant**

Applicant warrants that the statements made in this application are true and complete.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Please send all completed materials to:  
Education Manager  
Interim Ministry Network  
5740 Executive Drive, Suite 220  
Baltimore, MD 21228