PARISH ASSOCIATE REQUEST

NAME OF CHURCH: _____

NAME OF PASTOR: _____

NAME OF PARISH ASSOCIATE: _____

Term of service: _____

RESPONSIBILITIES OF PARISH ASSOCIATE ***ONLY IF REQUESTED BY THE PASTOR***

(check all that apply)
__ lead worship and preach ____ times each
month quarter year
__ administer the Sacraments
__ officiate at marriages and funerals
__ visit the sick and shut-in
__ visit potential new members
__ provide administrative support
__ other duties: _____

TIME EXPECTATIONS (if any)_____

SALARY (if any)

Compensation _____ /week, month (circle)

Ministry Expense Allowance _____

Other: _____

Date of session action: _____
effective for one year thereafter

Send this request to the Committee on Ministry for approval.
This relationship may be renewed annually by request of the Pastor accompanied by Session approval through the Committee on Ministry.

_____ _____
Pastor **Clerk of Session**

_____ _____
Parish Associate **COM Liaison**

Adopted 4-14-2011