



The Vocational Counseling Program is for Disciples ministers who are transitioning from full-time to part-time ministry, helping them discern complementary vocations that will add new streams of household income, while avoiding crisis-oriented helping professions. The goals of the program are to mitigate burnout and help part-time pastors stay in ministry longer.

To be eligible for assistance under the Vocational Counseling Program, you must satisfy all of the following criteria:

1. be a credentialed minister in the Christian Church (Disciples of Christ) with standing;
2. show that you are transitioning from full-time to part-time ministry employment (evidenced by a letter from their congregation).

**To apply, provide the items 1 and 3 as attachments to a single email (including this application) and send to [MRA@pensionfund.org](mailto:MRA@pensionfund.org) with “Vocational Counseling” in the subject line. For the reference in item 2, have it sent as a separate email directly from the person providing the reference to the same email address.**

1. A signed letter from you, responding to the following items (no more than 250 words per item):
  - a. Describe the situation that has led to your transition from full-time to part-time ministry.
  - b. Share how you plan to balance multiple vocations in order to maintain appropriate boundaries for work and personal life.
  - c. If you were presented the right opportunity to work full-time in another (non-ministry) career, what would you do?
  - d. Please offer any other remarks about why you are interested in the vocational counseling program.
2. A signed letter of support from your regional minister or Racial/Ethnic national constituency leader. Please ask her/him to respond to these:
  - a. Express your support for this pastor receiving vocational counseling to pursue additional career paths to supplement his/her call to ministry.
  - b. Indicate any reservations that you have about this transition.
  - c. Your assessment of how well prepared the congregation is to manage the transition from full-time to part-time minister.
3. A signed letter of support from your congregational leadership (such as board chair, moderator, elder, etc), responding to these items:
  - a. Please describe the situation which led your congregation to transition from a full-time pastor to a part-time pastor.
  - b. Describe what steps your congregation is taking to adjust to having a part-time pastor.



**I. MINISTER CONTACT INFORMATION**

Name of minister seeking counseling \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

**II. CONGREGATIONAL CERTIFICATION AND SIGNATURE**

By signing this Application, I make the following certifications:

- I certify that the individual identified in Section I is the minister of the congregation identified in Section II. I further certify that the congregation affirms our minister's participation in the Vocational Counseling Program.

Congregational Representative Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Title \_\_\_\_\_

**III. MINISTER CERTIFICATION AND SIGNATURE**

By signing this Application, I make the following certifications:

- I certify that I am eligible to participate in the Vocational Counseling Program, that I understand and agree to the terms of the Program, and that I am committed to fulfilling all of the requirements for Program participation.

Minister's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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