



## 2022 MINISTERIAL QUESTIONNAIRE

*Confidential*

Return of this Questionnaire is required for renewal of all Ministerial License and Conference Care Memberships, and also affects the continued good standing of all Ministerial Members. YOUR ASSISTANCE TO RETURN AS SOON AS POSSIBLE IS GREATLY APPRECIATED. **Please fill out and return to the Home Office NO LATER THAN DECEMBER 15, 2021.**

NOTE: *No ministerial membership cards will be provided after January 31, 2022.*

(To fill out ONLINE, or as a PDF form and return via email, go to [www.cccusa.com/resources](http://www.cccusa.com/resources))

### PERSONAL INFORMATION:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Title  Rev Dr  Rev  Mr  Ms  Mrs

Spouse's name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Country \_\_\_\_\_

Mailing Address  
(If different than Home address) \_\_\_\_\_

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

Country \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred E-mail for CCCC communication \_\_\_\_\_

### CCCC STANDING:

Ordained  Associate  Licensed  Lay Preacher  Commissioned Christian Worker  Conference Care

Are you still employed in the same ministry in which your present ministerial standing is needed?  
 YES  NO

Do you have any personal circumstances that might affect your current CCCC credentials status?  
(*eg. marital, church, personal, or changes in doctrinal position*) If so, please explain.

Name of the church where you are a member: \_\_\_\_\_

Is the church where you hold your membership congregationally governed?  YES  NO

**YOUR CHRISTIAN SERVICE:**  Full-time  Part-time  Retired  Volunteer

Place of service \_\_\_\_\_ Position/ responsibility: \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_

Denominational Affiliation of present place of service \_\_\_\_\_

**ORDAINED MINISTERS AND COMMISSIONED CHRISTIAN WORKERS:**

YES  NO Do you still desire to retain your ministerial credentials with the CCCC?  
*If no, please explain your reasons on a separate sheet of paper.*

**LICENSED MINISTERS:**

YES  NO Do you hereby request the renewal of your license for another year?

**LAY PREACHERS:**

YES  NO Do you hereby request the renewal of your standing for another year?  
*(Note: Renewal will be dependent on your home church's continued affirmation of your standing.)*

**STUDENTS UNDER CONFERENCE CARE:**

What school are you attending? \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_.

*On a separate page, please write a brief report of your academic and practical progress in preparation for ministry.*

**INTERNATIONAL WORKERS:**

Where are you presently serving? \_\_\_\_\_

Organization(s) you now serve: \_\_\_\_\_

Home Base Address: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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**AFFIRMATION STATEMENTS**

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*(Please initial beside each of the statements below to affirm your agreement):*

\_\_\_ I affirm that I remain in firm agreement with the CCCC Statement of Faith *(Attached)*

\_\_\_ I affirm that I remain committed to the principles of the CCCC Statement of Polity *(Attached)*

\_\_\_ I affirm that with the help of Almighty God I will seek to live my life of Christian ministry in accordance with the CCCC Code of Ethics for Ministers *(Attached)*

SIGNATURE: \_\_\_\_\_

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

**Thank-You**— for your partnership in the Lord’s work through the CCCC, and for your assistance to keep the Conference records accurate and up-to-date.