

**New Hope Presbytery**  
**APPLICATION FOR SUPPLY LISTS**

*Please Print or Type:*

<b>Date:</b>	
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<b>Name:</b>			
	<i>Title</i>	<i>Last Name</i>	<i>First Name</i>
	<i>(Rev., Dr., Mr., Ms., Mrs., etc.)</i>		

<b>Address:</b>			
	<i>City</i>	<i>State</i>	<i>Zip</i>

<b>Telephone:</b>	(      )	(      )
	<i>Preferred</i>	<i>Alternate</i>

<b>Email:</b>	
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**Check below the list(s) that you wish to have your name placed:**

<input type="checkbox"/> Interim Supply	<input type="checkbox"/> Stated Supply	<input type="checkbox"/> Temporary Supply
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**Check below the category(ies) that best describes your status with New Hope Presbytery:**

<input type="checkbox"/> Minister At Large	<input type="checkbox"/> Honorably Retired	<input type="checkbox"/> Laboring Within Bounds
<input type="checkbox"/> Candidate	<input type="checkbox"/> Inquirer	<input type="checkbox"/> Other _____

*Additional space is provided on the back of this form:*

**1. Are you currently supplying a church(s)?**

<input type="checkbox"/> No	If not, when are you available?
<input type="checkbox"/> Yes	If so, where?
What capacity?	<input type="checkbox"/> Interim Supply <input type="checkbox"/> Stated Supply <input type="checkbox"/> Temporary Supply
Date of Term Ending:	

**2. Are there any limitations for travel or time available for supply work? If so, what are they?**

**3. Briefly explain your current situation and why you are seeking to have your name placed on one or more of the supply lists of New Hope Presbytery.**

**4. Work History: (Indicate starting/ending dates, church or employer; city, state, title or type of work. List most recent first.)**

**5. Other services to the church or denominations: (Indicate starting/ending dates, church or agency, time involved and type of work. List most recent first.)**

**Return completed form to:**

PRESBYTERY OF NEW HOPE, ATTN: Committee on Ministry, 2309 Sunset Avenue, Rocky Mount, NC 27804

