**Tennessee SOAR**

**Application for Pastoral Sabbatical**

Please complete the following form in its entirety. (The submission of this form will be used to determine eligibility and will be used as a guide for the scheduling of individual interviews.)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you been pastoring?

How long have you been pastoring in your current church?

Full Time \_\_\_\_\_ Bi-vocational \_\_\_\_\_

Is there a timeframe you have in mind for the sabbatical? In most cases a minimum of three months is needed from the date of the application to the start of the sabbatical.

Have you discussed the COG sabbatical initiative (adopted at GA 2018) with your church leadership? If so, how did your church leadership respond to the information?

What are the contributing factors to your desire for a sabbatical at this time? (Please discuss with enough detail that we understand the urgency of your request.)