

church or ministry, may be part of a field education course for seminary credit, or may be done purely on a volunteer basis. Questions regarding this matter should be referred to the Director of Candidacy)

CHURCH COUNCIL SECTION (To be filled out by a representative of the church council from the church where the applicant will be involved during the program.)

1. On what date did the church council review this 24 month Non-resident EPMC application?

2. Are there any concerns or particular needs of the church council or the applicant that should be expressed at this point? (If so, explain.)

3. Does your council endorse the appointment and involvement of the mentor, and concur that he/she is ready to fulfill this role?
 Yes No Comments:

(Feel free to provide any additional comments on a separate sheet of paper and attach it to this form.)

Church Name _____

Address _____

City State/Province Zip/Postal Code
Country
Phone Number _____ Fax Number _____
Email _____

Name of person signing this form:

Name Title
Signature: _____ Date _____

After completing and signing this form, please send it to:

Christian Reformed Church in North America
Candidacy Committee
1700 28th Street SE
Grand Rapids, MI 49508
OR: Email to dkoll@crena.org

(It is also recommended that a copy of this completed form be sent to the Classis CMLT)