

**PASTORAL CALL FORM**  
(for Installed Pastor, Co-Pastor, Associate Pastor)

The \_\_\_\_\_  
name of church

\_\_\_\_\_ address  
belonging to Presbytery of Long Island, being well satisfied with your qualification for ministry and confident that we have been led to you by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you

\_\_\_\_\_ name  
to undertake the office of \_\_\_\_\_ in this congregation, beginning \_\_\_\_\_  
title date

promising you in the discharge of your duty all proper support, encouragement, and allegiance in the Lord. That you may be free to devote FULL/PART time to the ministry of Word and Sacrament among us, we promise and obligate ourselves to pay you in regular monthly payments according to the *attached Terms of Call*. We further promise and obligate ourselves to review with you annually the adequacy of this compensation.

In testimony of whom we have subscribed, our names

this \_\_\_\_\_ day of \_\_\_\_\_  
number month year

Signatures of those authorized by the congregation

\_\_\_\_\_ Clerk of Session  
print name signature

\_\_\_\_\_ PNC Chair/Co-Chair  
print name signature

\_\_\_\_\_ PNC Chair/Co-Chair  
print name signature

Having moderated the congregational meeting, which extended a call to

\_\_\_\_\_ name  
for ministerial services, I certify that the Call has been made in all respects according to the rules laid down in the Form of Government and that the persons who have signed the forgoing Call were authorized to do so by vote of the congregation.

\_\_\_\_\_ Moderator of the Meeting  
print name signature

## Certification of the Call

### By The Presbytery

Action of the Committee On Ministry

This Call has been reviewed by the Committee On Ministry or Presbytery and has approved this Call.

Chair of COM / Stated Clerk

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date of action

signature

### Acceptance of the Call

In accepting this Call, I agree to abide by all policies of the Presbytery of Long Island and to participate in and fulfill all required trainings.

This is to certify that I have received and accepted the Call.

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date of action

print name

signature