

**PRESBYTERY OF LONG ISLAND
PULPIT SUPPLY APPLICATION**

Name _____

Address _____

Phone _____

Email _____

Presbytery or Denomination of membership

Membership category Retired Validated At Large Elder

Please indicate if you are fluent or proficient in any language(s) other than English and if you would be comfortable leading worship in those languages. _____

If you are a member of another Presbytery, do you have permission from your Presbytery of membership to labor within our bounds as a pulpit supply preacher? Yes No

Would you be available electronically or in person for an interview with the Committee on Ministry on the 2nd Tuesday of the month, sometime between 10 AM and 1 PM? Yes No

If approved, do you agree to stay current with all required training for the Presbytery of Long Island?
Yes No

Please provide your Denomination leader's name and contact information.

(Please be advised that a reference check will be done)

Title _____

Contact Name _____

Email Address _____ **Phone Number** _____

Signature of applicant _____ **Date** _____

Please attach

- Your latest Personal Discernment Profile (PDP) or resume
- Faith Statement
- Background Check Application. *(attached)*
Sermon sample *(written)*
- Copy of certificate of Clergy Boundary Training**(within the past three years)*, Child and Youth Protection Training* *(within the past three years)*, and NYS Sexual Harassment Prevention Training* *(required annually)*

*If not previously taken, once approved by COM, the completion of the online Safe Gatherings Boundary Training, Child and Youth Protection Training, and NYS Sexual Harassment Prevention Training will be required to begin serving—information on the back.

PLI use	BG ck	PDF	FS	Boundary	C&Y	NYS	COM
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Background Investigation

Please complete the attached consent form and send it to the Presbytery office.

As part of the Presbytery of Long Island's background check policy, those who consent to the required background check receive a copy of the screening report. The original report is kept in a locked file in the Stated Clerk's office.

If the COM approves the application, the report is retained in that locked file until the applicant is no longer working with the Presbytery; at that time, the document will be appropriately preserved.

Questions? Contact Laurie Vu, Presbytery of Long Island, 631-499-7171, laurie@presbyteryofli.org.

Boundary Training Option

Safe Gatherings Instructions

Safe Gatherings offers an online clergy ethics course that can be taken anytime. The seven-module, 2-hour "Clergy Ethics and Congregational Boundaries" course focuses on the top ethical issues for those who lead churches and faith-based organizations.

To access the online program, go to

<https://safegatherings.com/>

Click on - Clergy Ethics Course

Child and Youth Protection Training

If the COM approves the application, we will arrange for you to complete your training through the Insurance Board's online Praesidium Academy. You will receive an email from Praesidium Academy asking you to set up your account for the training.

The following three modules are required.

Abuse Prevention Refresher (45 mins)

Keeping Your Church Safe (20 mins)

Duty to Report: Mandated Reporter* (30 Mins)

NYS Sexual Harassment Prevention Training

Offered through the Practical Resource Center (PRC) - <https://www.prcli.org/webinars-2/>

This annual training includes an explanation of sexual harassment, church-based case studies of unlawful sexual harassment, information concerning employees' rights, information addressing conduct by church leadership and the responsibilities of the church's leadership, information on the documents the church must have in place, and information concerning the federal and state statutory provisions concerning sexual harassment.

BACKGROUND INVESTIGATION CONSENT

Presbytery of Long Island

I, _____ (complete name), hereby authorize the Presbytery of Long Island and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application for volunteer service or Personal Information Form (PIF) and/or obtaining other information, which may be material to my qualifications as a volunteer or for congregational employment now, and if applicable, during the tenure of my volunteering or congregational employment within the Presbytery of Long Island of the Presbyterian Church (U.S.A.).

I release the Presbytery of Long Island and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

First Name	Middle Name	Last Name	Suffix
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AKA 1 First Name	AKA 1 Middle Name	AKA 1 Last Name
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AKA 2 First Name	AKA 2 Middle Name	AKA 2 Last Name
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SSN	Email
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DOB	Phone
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Street Address	Gender F M (circle one)
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Zip	DL #
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City/State	DL State
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Signature	Date
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