



SABBATICAL APPLICATION

FULL NAME: _____

SABBATICAL DATE: _____

Please write 300 to 500 words describing your Sabbatical Proposal. Be sure to include:

1. How this will be a renewal experience
2. Benefits you.
3. Benefits to the congregation.
4. How it will impact your family.

APPROVED ON

Signed by

SABBATICAL FORMS Youth Pastor



Please submit all the forms completed and signed to the Ministerial Director when turning in your Sabbatical application.

Name: _____ Date: _____

Phone: _____ e-mail: _____ @ _____ .com

FAMILY INVOLVEMENT: It is crucial that family members be included in the sabbatical plans and concur with them. Any change in scheduling, such as a sabbatical, will have an impact on other members of the family system.

We have discussed the sabbatical as a family, and I concur with the proposal (written statement by spouse of how he/she will be involved is required).

Spouse's Signature

EXPENSES: What are the costs incurred in the sabbatical?

Sources of Funding:

CHILDREN'S / YOUTH SABBATH PROGRAM SPEAKERS:

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

PRAYER MEETINGS / YOUTH VESPERS / OTHER PROGRAMS SPEAKERS:

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
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FUNERALS: In case of a funeral, who will conduct the services?

Not Applicable

	NAME	PHONE NUMBER	Have they been contacted? YES NO
1			
2			
3			
4			
5			

CHURCH LEADERSHIP / RETIRED MINISTERS / PRACTICING MINISTERS ASSISTING WITH VISITATION:

Not Applicable

	NAME	PHONE NUMBER	Have they been contacted? YES NO
1			
2			
3			
4			
5			

CHURCH BOARDS: Person in charge

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

OTHER COMMITTEES:

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
3			
4			
5			

BIBLE STUDIES:

Not Applicable

	DATE	NAME	PHONE NUMBER
1			
2			
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Senior Pastor / Head Elder's Signature

Pastor's Signature