

## TRANSFORMATIONAL DISCIPLESHIP CERTIFICATION PROGRAM

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

START DATE: \_\_\_\_\_

DATE OF CERTIFICATION COMPLETION: \_\_\_\_\_

DATE OF CELEBRATION AND GRADUATION: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE CHECK ONE:

CURRENT RUMC MEMBER

CURRENT MEMBER OF ANOTHER UMC CHURCH:

CHURCH NAME: \_\_\_\_\_

PASTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CURRENT MEMBER OF A NON- UMC CHURCH:

CHURCH NAME: \_\_\_\_\_

PASTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

I AM CURRENTLY NOT AN ACTIVE MEMBER OF A CHURCH, BUT HAVE BEEN IN THE PAST

I HAVE NEVER BEEN AN ACTIVE MEMBER OF A CHURCH UNTIL NOW

I HAVE BEEN THE MEMBER OF A DIFFERENT RELIGIOUS GROUP IN THE PAST  
GROUP/RELIGION: \_\_\_\_\_

**DESCRIBE BRIEFLY WHY YOU WOULD LIKE TO PARTICIPATE IN THE TRANSFORMATIONAL DISCIPLESHIP PROGRAM:**

## **CERTIFICATION REQUIREMENTS:**

\_\_\_ **4 COMPLETED MEMBERSHIP CLASSES**

**DATES COMPLETED:** \_\_\_\_\_

*(MEMBERSHIP CLASSES ARE MONTHLY, HELD AFTER WORSHIP ON THE FIRST SUNDAY OF EACH MONTH, WITH EXCEPTIONS FOR HOLIDAYS AS SCHEDULED)*

\_\_\_ **ATTEND 1 MEETING OF EACH INSIDE-OUT HOSPITALITY PROGRAM PLUS ONE OTHER NON-RUMC SPONSORED VOLUNTEER ACTIVITY/MINISTRY**

\_\_\_ **BREAKING BREAD** **DATE:** \_\_\_\_\_

\_\_\_ **FAITH ON FOOT** **DATE:** \_\_\_\_\_

\_\_\_ **CHRISTIAN FELLOWSHIP GROUP** **DATE:** \_\_\_\_\_

\_\_\_ **1 OUTSIDE VOLUNTEER ACTIVITY/MINISTRY:**

**NAME OF MINISTRY/ACTIVITY:** \_\_\_\_\_

**LEADER OF ACTIVITY:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

\_\_\_ **WRITTEN STATEMENT ABOUT HOW THESE ACTIVITIES HAVE HELPED GROW YOUR FAITH**

\_\_\_ **1 8 WEEK BIBLE STUDY OF PARTICIPANT'S CHOICE**

**STUDY NAME/TITLE:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

\_\_\_ **COMPLETED SPIRITUAL GIFTS INVENTORY**

**DATE COMPLETED:** \_\_\_\_\_

\_\_\_ **COMPLETED SPIRITUAL CARE & PRACTICE PLAN**

**DATE STARTED:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

\_\_\_ **WRITE STATEMENT OF FAITH**

\_\_\_ **4 MEETINGS WITH SPONSOR:**

**SPONSOR:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**DATES MET:** \_\_\_\_\_

\_\_\_ **RECEIVE WRITTEN SPONSOR RECOMMENDATION**

\_\_\_ **1 YEAR REGULAR ATTENDANCE OF SUNDAY AND/OR THURSDAY WORSHIP SERVICES**

\_\_\_ **FINAL ONE-ON-ONE INTERVIEW WITH PASTOR**

DATE: \_\_\_\_\_

