

A CALL

CATAWBA PRESBYTERY

ASSOCIATE REFORMED PRESBYTERIAN CHURCH

CALL FOR A MISSION DEVELOPER

	We th	e offic	ers a	nd m	embe	rs of Cat	awba I	Presby	tery C	Comm	ittee o	on C	hurch	Extension	n being	g well
satisf	ied with	your n	niniste	erial q	ualifi	cations a	nd conf	fident	that we	e have	e been	led	to yo	u by the l	Holy Sp	oirit as
one	whose	minis	stry	will	be	profitab	le to	our	spiri	itual	inter	est,	do	earnestly	call	you
						to	unde	ertake	the	call	as	Mis	ssion	Develo	per of	f the
				Mis	ssion.	On the	accenta	ance of	f this o	our ca	all we	pron	nise v	ou in the	discha	rge of
Volle	duty all i	nroner	sunno			gement ar	-					Pron		0 111 	010 0110	260 01
your	,		1.1	·								_		_		
	That y	ou may	devo	ote you	ırself	to the Mi	nistry c	of the V	Word a	as a M	lission	ı Dev	elope	r and as y	ou begi	n
your	ministry	on the		_day o	of		, 20	, v	ve proi	mise a	and ob	oligate	e ours	elves to:		
1	. Basic	compe	nsatio	n: [Se	lect a	or b].										
	a.		Wh	en a m	nanse	is provid	ed									
1)			Base Salary \$													
Provide you with the free use of a manse with utilities, and insurance coverage, commonly called tenant homeowners, in an amount of not less than \$40,00 amount equal to the actual replacement value of the minister's owned contents.							0,000	or an								
		2)	Trav	vel all	owan	ce of \$		_								
	b.		When a housing allowance is provided it may be divided to the best interest of the													
			minister and shall provide													
		1)	Tota	al Con	npens	ation of \$	S	wh	nich ind	cludes	S					
			a.	Ва	ise Sa	lary \$										
			b.			g Allowai			_							
			c.			Allowanc	e \$									
2.		Pay your moving expenses.														
3.		Pay into the Associate Reformed Presbyterian Retirement Plan Fund as prescribed by the General Synod. {If works 20 hours per week or more}														
4.	provis medic and/or	Pay 100% of Synod's life, health and dental insurance for the pastor and his family, with the following proviso that if a minister's spouse has group insurance that covers her and/or their dependents for medical and/or dental insurance that it be permitted for the minister to participate and waive medical and/or dental insurance under the single rather than family category of insurance; and further, the pastor may also elect to remain under his wife's policy if he is covered as a dependent.														
	{Selec	{Select a, b or c}														
aProvide Synod's life, and health and dental insurance package for the pastor and his							family									
	b					edical ar						ler S	ynod'	s group p	policy f	for his

	c	Pastor waivesmedical and/ordental coverage under Synod's group policy for himself and his dependents who are covered under the spouse's group policy.					
5.		Church Extension Committee provides the cost of Life, Long Term Disability and Accidental Death rage provided by and as required by the General Synod. {Required if works 30 hours per week or e}					
6.		week[s] to be away for evangelistic or other church related meetings.					
7.	One	week and expenses for continuing education.					
8.	Revi	ew with you annually the adequacy of this compensation. As part of the review the congregation					
	shall	be encouraged to consider an increase to the previous year's base compensation.					
9.	Gran	t you an annual vacation of weeks.					
10.	Expenses for the meeting of General Synod.						
11.	Other [List each item]						
12.	e event of total disability, as defined in the Synod's insurance program, we promise:						
	a.	To continue for a minimum of three months the provisions of this call awaiting					
		commencement of benefits from Synod's insurance program.					
	b.	If you are residing in the manse, and during the month following the terms outlined in					
		"a" above, to assist you in relocating and to contribute <u>a minimum of up to one month's base</u>					
		salary toward your relocation expenses.					
	c.	Other [Attach]					
13.	In the	e event you should die during the terms of this call, we promise:					
	a.	To continue the provisions of this call dealing with annual salary, housing, and group					
		insurance for your immediate family for a minimum of three months.					
	b.	If you are residing in the manse, and during the month following the term outlined in					
		"a" above, to assist your immediate family in relocating and/or contribute a minimum of up to					
		one month's base salary toward these relocation expenses.					
	c.	Other. [Attach]					

ALL OFFICIAL CALLS TO A CONGREGATION MUST BE SIGNED BY:

Elders, Deacons and Congregation Members.

ALL OFFICIAL CALLS TO PRESBYTERY POSITIONS MUST BE SIGNED BY:

All members of the Committee issuing the call.

ATTACHMENT 1

CONFIRMATION OF A CALL CATAWBA PRESBYTERY

1,	naving moderated the Committee on Church Extension meeting
held at the	Associate Reformed Presbyterian Church,
at	on at
which a call was extended to	, for
services as a Mission Developer, certify	y that the call has been made in all respects according
to the Form of Government of the Asso	ciate Reformed Presbyterian Church and the Rules
of Procedure of Catawba Presbytery, an	nd that the persons who signed the call were members
in regular standing of the above-mention	oned committee
	Chairman of Church Extension
	Date
OFFICIAL VOTE:	
In Favor Opposed	

<u>CHURCH EXTENSION</u>	COMMITTEE MEMBERS