

A CALL

CATAWBA PRESBYTERY

ASSOCIATE REFORMED PRESBYTERIAN CHURCH

CALL FOR A MISSION DEVELOPER

	We th	ne offic	ers a	nd m	embe	rs of Cat	awba]	Presby	tery C	comm	ittee o	on Cl	nurch	Extension	ı being	well
satisf	fied with	your n	ninist	erial q	ualifi	cations a	nd conf	fident	that we	e have	e been	led 1	to yo	u by the H	loly Spi	irit 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	Develop	er of	the
				Mis	sion	On the	accenta	ance o	f this (our ca	all we	pron	nise v	ou in the	dischar	ge of
Vollr	duty all i	nroner	sunno			gement ar	-				a11 ***C	pron	inse j		CISCILLI,	80 01
your													•			
	That y	ou may	/ devo	ote you	ırself	to the M	nistry (of the \	Word a	ıs a M	lission	ı Dev	elope	r and as yo	u begin	Ĺ
your	ministry	on the		_day c	of		, 20_	, V	we 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	anse	is provid	ed									
1)			Bas	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 \$40,000 o amount equal to the actual replacement value of the minister's owned contents.								or an							
		2)	Tra	vel all	owan	ce of \$		_								
	b.		When a housing allowance is provided it may be divided to the best interest of the													
			min	ister a	nd sh	all provic	le									
		1)	Tota	al Con	npens	ation of S	S	wh	nich ind	cludes	S					
			a.	Ba	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. Pay 100% of Synod's life, health and dental insurance for the pastor and his family, with a proviso that if a minister's spouse has group insurance that covers her and/or their demedical and/or dental insurance that it be permitted for the minister to participate and we and/or dental insurance under the single rather than family category of insurance; and furth may also elect to remain under his wife's policy if he is covered as a dependent.							pendent aive me	ts for edical								
	{Selec	et a, b o	or c}													
	a	_Provio	de Sy	nod's l	life, a	nd health	and de	ntal in	suranc	e pac	kage f	or the	e paste	or and his	family.	
	b					edical ar						ler Sy	ynod'	s group p	olicy fo	or 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.	Othe	Other [List each item]						
12.	In the	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

l,	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	hat the call has been made in all respects according
to the Form of Government of the Associ	ate Reformed Presbyterian Church and the Rules
of Procedure of Catawba Presbytery, and	that the persons who signed the call were members
in regular standing of the above-mention	ed committee
	Chairman of Church Extension
	Date
OFFICIAL VOTE:	
In Favor Opposed	

CHURCH EXTENSION	COMMITTEE MEMBERS