



# **A CALL**

**CATAWBA PRESBYTERY**

**ASSOCIATE REFORMED PRESBYTERIAN  
CHURCH**

**CALL FOR A PASTOR**

We the officers and members of \_\_\_\_\_ Associate Reformed Presbyterian Church of \_\_\_\_\_ being well satisfied with your ministerial qualifications, and confident that we have been led to you by the Holy Spirit as one whose ministry will be profitable to our spiritual interest, do earnestly call you \_\_\_\_\_ to undertake the call as Pastor of the \_\_\_\_\_ Church. On the acceptance of this our call we promise you in the discharge of your duty all proper support, encouragement and obedience in the Lord. Your responsibilities to the congregation include but are not limited to: preaching the Word, administering the sacraments and performing the duties of a pastor.

That you may devote yourself to the Ministry of the Word as a Pastor and as you begin your ministry on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, we promise and obligate ourselves to:

1. Basic compensation: [Select a or b].

a. When a manse is provided

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 \$40,000 or an amount equal to the actual replacement value of the minister's owned contents.

2) Travel allowance of \$\_\_\_\_\_

b. When a housing allowance is provided it may be divided to the best interest of the minister and shall provide

1) Total Compensation of \$\_\_\_\_\_ which includes

a. Base Salary \$\_\_\_\_\_

b. Housing Allowance \$\_\_\_\_\_

c. Travel Allowance \$\_\_\_\_\_

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 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.

**{Select a, b or c}**

a. \_\_\_\_\_ Provide Synod's life, and health and dental insurance package for the pastor and his family.

- b. \_\_\_\_\_ Pastor waives \_\_\_\_\_ medical and/or \_\_\_\_\_ dental coverage under Synod's group policy for his dependents who are covered under the spouse's group policy.
- c. \_\_\_\_\_ Pastor waives \_\_\_\_\_ medical and/or \_\_\_\_\_ dental coverage under Synod's group policy for himself and his dependents who are covered under the spouse's group policy.
5. The Church provides the cost of Life, Long Term Disability and Accidental Death coverage provided by and as required by the General Synod. **{Required if works 30 hours per week or more}**
6. \_\_\_\_\_ week[s] to be away for evangelistic or other church related meetings.
7. One week and expenses for continuing education.
8. Review 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. Grant you an annual vacation of \_\_\_\_\_ weeks.
10. Expenses for the meeting of General Synod.
11. Other [List each item]
12. In the 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 **a minimum of up to one month's base salary** toward your relocation expenses.
- c. \_\_\_\_\_ Other [Attach]
13. In the 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**

I, \_\_\_\_\_ having moderated the congregational meeting held  
in the \_\_\_\_\_ Associate Reformed Presbyterian Church,  
at \_\_\_\_\_ on \_\_\_\_\_ at  
which a call was extended to \_\_\_\_\_, for  
services as **Pastor**, certify that the call has been made in all respects according  
to the Form of Government of the Associate 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-mentioned congregation.

\_\_\_\_\_  
Moderator of Congregational Meeting

\_\_\_\_\_  
Date

**OFFICIAL VOTE:**

In Favor \_\_\_\_\_ Opposed \_\_\_\_\_



[illegible]







[illegible]

[illegible]