**Voluntary Associate Minister (VAM)**

**Appointment Form Instructions**

**for use within Horseshoe Falls Regional Council**

* Read the Voluntary Associate Minister (VAM) Policy and if you have any questions please contact the Human Resources Commission. Signing the VAM Appointment Form means that you have read, understood, and will abide by the Voluntary Associate Minister (VAM) Policy.
* Please print the form and fill in the appropriate fields. Please print legibly.

Once completed, have the first three signatures affixed.

* Once the signatures are affixed, scan the form and email as an attachment to the Regional Council office to Diane Blanchard, Minister, Pastoral Relations at dblanchard@united-church.ca
* Email submissions are preferred; however you may also mail a hard copy to: Diane Blanchard, Horseshoe Falls Regional Council, Box 100, Carlisle ON L0R 1H0.
* If the request is approved, an authorized representative of Human Resources Commission will inform you.
* If the request is not approved, a member of the Human Resources Commission will contact all parties involved.

**Voluntary Associate Minister (VAM) Appointment Form**

**Human Resources Commission**

**for use within Horseshoe Falls Regional Council**

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|  | **Community of Faith** |
| Enters a voluntary relationship with the following person as described in the form effective: |  |
|  | **Month / Day / Year** |
|  | **Name of Minister** |

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| --- | --- |
| Minister’s Email Address:  |  |
| Minister’s Mailing Address:  |  |

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| **Category** |
| [ ]  | Retired Ordained |
| [ ]  | Retired Diaconal |
| [ ]  | OM/DM without appointment or call |

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| Areas of Responsibility (Mutually agreed-to statement) |
| [ ]  | Weddings |
| [ ]  | Coverage for incumbent |
| [ ]  | Christian education |
| [ ]  | Funerals |
| [ ]  | Other (specify): |
|  | Previous/Existing Permanent Ontario Licence to Marry Registration Number (applicable if weddings checked above) |

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**\*Police records check and mandatory training:** To be eligible as a VAM, you must be in compliance with the United Church of Canada Police Records Check policy and you must have completed all mandatory training for ministry personnel. Since www.ChurchHub.ca will be used to verify compliance, you must therefore be registered on ChurchHub.

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| Mutual agreed-to statement |

By signing the Voluntary Associate Minister form, the Voluntary Associate Minister and other parties are agreeing to the following:

1. The primary responsibility of every VAM will be to support the incumbent minister and the governing body in establishing and maintaining a positive pastoral relationship.
2. Pastoral functions performed come under the oversight and discipline of the Office of Vocation.
3. The Voluntary Associate Minister named in the agreement may receive honoraria for weddings or funerals and for presiding and/or preaching in regular worship; however, there is no expectation of honoraria, stipend, or travel allowance from the community of faith to which they are accountable.
4. When there is a change in a pastoral relationship within a community of faith, the Voluntary Associate Minister must reapply for their status. The new minister has the option to approve or not approve the re-appointment of a Voluntary Associate Minister at the pastoral charge level.
5. If a Voluntary Associate Minister enters into a call at another community of faith, their VAM status shall come to an end. If a VAM enters into an appointment longer than six months their VAM status will also end. Please contact the Human Resources Commission in order to inform them of this change.
6. Designation as a VAM does not mean that a community of faith is required to call upon the VAM to provide functions of ministry in the community of faith (eg. pastoral care, pulpit supply, etc.) neither does it require the VAM to provide functions of ministry in the community of faith.

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| Signatures |

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| **Secretary of Governing Body** | **Date** |

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| **Incumbent Ministry Personnel** | **Date** |

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|  |  |
| **Voluntary Associate Minister (VAM)** | **Date** |

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| --- | --- |
|  |  |
| **Regional Council Authorized Representative** | **Date** |