

Virginia Conference of the United Methodist Church

**Candidate's Request Form for
Psychological Assessment Materials**

Candidate Information

Name of Candidate _____

Address _____
Street City State Zip

Telephone (Home) _____ (Work) _____ (Cell) _____

Email _____

I am applying for Full Membership as a ____ Deacon or ____ Elder within the Virginia Conference of the United Methodist Church.

Signature _____ Date _____

**Email this form to vipcare@vipcare.org on or before October 3.
VIPCare asks that you email the request form before September 15 so that you may have
the testing materials in hand by the third of October.**

Within two weeks of receiving the form, VIPCare will mail to you, at the address you provided above, the appropriate psychological assessment materials. Please complete the assessment materials immediately and return them to VIPCare with full payment. See the instructions for further details.

Virginia Institute for Pastor Care (VIPCare)
2000 Bremono Road, Suite 105
Richmond, Virginia 23226
Phone: (804) 282-8332

Keep a copy of this form for your records.