



Vice Pastor-Church Agreement Form

CONGREGATION/PARISH NAME: _____

PASTOR'S NAME: _____

Please indicate which Pastoral Positions are needed:

- | | |
|--|--|
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Council Help |
| <input type="checkbox"/> Emergency Care (hospice, accidents) | <input type="checkbox"/> Confirmation teaching |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Wedding |

Other: _____

PASTORAL COMPENSATION:

\$50/contact hour

\$175/service (wedding, funeral)

Round trip mileage: Current IRS Rate

Pastor: _____

President: _____

Date: _____