

# MINISTER'S PROFILE FORM

FOR THE CHURCH OF THE UNITED BRETHREN IN CHRIST, USA

RETURN TO:  
Office of the Bishop  
302 Lake Street  
Huntington, IN 46750  
email: profiles@ub.org



**United  
Brethren**  
ALL FOR CHRIST

Full Name	
Date	<input type="checkbox"/> New Profile <input type="checkbox"/> Update

<b>GENERAL INFORMATION</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
Birthplace (city and state/province):		
Citizen of what country?		
Social Security #:		Driver's License #:
Mailing Address:		
City:	State	Zip
Home Phone:		Office Phone:
FAX:		Email:
Website:		
Marital Status (check one)		
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
<input type="checkbox"/> Engaged	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Spouse's Name (if applicable):		
Is your spouse employed? <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> Part-time <input type="checkbox"/> Fulltime		

<b>CHILDREN</b>		
	<b>Child's Name</b>	<b>Age</b>
1		
2		
3		
4		
5		
6		
7		
8		

<b>Family Size.</b> Number of persons living at home (including yourself):
<b>Health.</b> What health conditions should be noted about yourself and your immediate family?

<b>YOUR EDUCATION</b>				
	<b>College</b>	<b>Major</b>	<b>Degree</b>	<b>Yr Grad.</b>
1				
2				
3				
4				
5				
6				
7				
8				

<b>SPOUSE'S EDUCATION</b>				
	<b>College</b>	<b>Major</b>	<b>Degree</b>	<b>Yr Grad.</b>
1				
2				
3				

<b>YOUR CONTINUING EDUCATION</b>	
	<b>Program Description</b>
1	
2	
3	
4	
5	

**If any of the above programs led to certification, please indicate:**

	<b>Program</b>	<b>Certification Area</b>	<b>Issued By...</b>	<b>Date</b>
1				
2				
3				
4				

**Other Skills.** What other special skills do you have that enhance your ministry?

**Future Educational Plans.** As you look to the future, what plans do you have for continuing education or professional development? What factors have influenced your plans?

**PROFESSIONAL DATA**

**Conversion.** Briefly describe your conversion testimony.

**Call to the Ministry.** Describe your call to the ministry and your motivation to enter the ministry.

**Licensing.** When and where were you first licensed to preach?

**ARE YOU ORDAINED?**

<input type="checkbox"/> Yes	Ordaining Body:	Year:
<input type="checkbox"/> No	When do you plan to seek ordination?	

**Affiliation.** What denomination are you currently part of?

**PROFESSIONAL RECORD**

List all fulltime or major positions, with the earliest first

	Dates	Position	Church or Organization	Last Salary
1				
2				
3				
4				

5				
6				
7				
8				

**CHURCH POSITIONS**

What offices have you held in the local church?

1	
2	
3	
4	
5	
6	

**PUBLICATIONS**

List any publications (along with publication dates) for materials you have written.

1	
2	
3	
4	
5	
6	

**COMMITTEES, BOARDS, ETC.**

List up to six community committees, boards, or agencies on which you have served.

	Group	Dates
1		
2		
3		
4		
5		
6		

**INFLUENCES**

What theologians, philosophers, or authors have had the greatest influence upon your life and thought? (List up to four.)

1.
2.
3.
4.

**GIFTS, ABILITIES, AND INTERESTS**

From this list, choose up to five which fit your strengths and interest. Rank them from one to five, 1 being the highest.

	<b>Counselor.</b> A relationship which involves bringing comfort and encouragement to lonely, troubled, and sick persons and working with people to help them resolve problems primarily of a personal or family nature. May include nurture, healing, and guiding.
	<b>Administrator.</b> Planning, promoting, and processing church-related ministries.
	<b>Teacher.</b> Teaching in the church's Christian education program. Involves the effective communication of biblical truth and asking application to everyday life.
	<b>Scholar.</b> Activities involving teaching at a theological school or the college level, and engaging in scholarly research or writing.
	<b>Evangelist.</b> Active commitment to leading people to faith in Christ.

	<b>Spiritual Guide.</b> Facilitate experiences to nurture Christians in developing a more mature faith.
	<b>Preacher.</b> Biblical exegesis, preparation and delivery of sermons that are relevant to the congregation.
	<b>Reformer.</b> Activities that involve speaking out against evil and social injustice, and participating in programs of community enrichment.
	<b>Musician.</b> Capable of leading a music program for a church.
	<b>Worship leader.</b> Planning for worship and leading the congregation in celebration.

### PREFERRED MINISTRY ROLES

List your preferences for ministry from 1 to 4, with 1 being your highest preference.

	Senior pastor of an established church.
	Assistant/associate pastor in an established church. Area of Specialization:
	Senior pastor in a turn-around situation (church revitalization)
	Church planter
	Youth pastor
	Other (please specify):

### PREFERRED MINISTRY CONTEXT

*In what type of setting would you prefer to minister? Check your top two.*

<input type="checkbox"/> Rural	<input type="checkbox"/> City (15,000 – 35,000)
<input type="checkbox"/> Small town	<input type="checkbox"/> Large city (50,000 – 200,000)
<input type="checkbox"/> Suburbs	<input type="checkbox"/> Major city (over 200,000 people)

## ECCLESIASTIC-CHURCH RELATIONSHIPS

1. If you are not a member of the Church of the United Brethren in Christ, can you in good conscience agree with the doctrine, Discipline, and government of the Church?

Yes

No          Explain briefly:

2. What is your attitude regarding authority and accountability?

## LEADERSHIP QUALITIES

Evaluate yourself in the following 13 areas. Circle a number on the continuum to register your personal assessment (1 is weak, 5 is average, 10 is strong).

1. **Visionizing.** The ability to build something from nothing, to turn a vision into a reality, to develop a blueprint and turn it into a building.

1     2     3     4     5     6     7     8     9     10

2. **Intrinsically Motivated.** The ability to work from the “inside out” even when no one watches. Self-motivated.

1     2     3     4     5     6     7     8     9     10

3. **Creates Ownership of Ministry.** The ability to help people into a vision and move with it.

1     2     3     4     5     6     7     8     9     10

4. **Relates to the Unchurched.** The ability to relate freely to unchurched people and build a relationship bridge toward Christ and the church.

1     2     3     4     5     6     7     8     9     10

5. **Spousal Cooperation.** The ability to create an effective agreement with spouse and children about ministry and family goals.

1     2     3     4     5     6     7     8     9     10

6. **Effectiveness in Building Relationships.** The ability to establish and maintain deep and wide relationships.

1     2     3     4     5     6     7     8     9     10

7. **Commitment to Church Growth.** The ability to grow a church numerically and spiritually.

1     2     3     4     5     6     7     8     9     10



**8. Responsiveness to the Community.** The ability to read and respond to the needs in the cultural landscape.

1     2     3     4     5     6     7     8     9     10

**9. Use the Giftedness of Others.** The ability to enable others to discover their giftedness and mobilize them into meaningful ministry.

1     2     3     4     5     6     7     8     9     10

**10. Flexible and Adaptable.** The ability to bend with negotiables, not break with non-negotiables, and do whatever it takes when necessary.

1     2     3     4     5     6     7     8     9     10

**11. Build Group Cohesiveness.** The ability to unify and resolve the various agendas of a group of people.

1     2     3     4     5     6     7     8     9     10

**12. Resilience.** The ability to bounce back.

1     2     3     4     5     6     7     8     9     10

**13. Exercising Faith.** The ability to both know and trust God first, church growth principles second.

1     2     3     4     5     6     7     8     9     10

## THEOLOGY

1. Do you subscribe to the Reformed or Wesleyan/Arminian perspective, and why?

2. What is your view of sanctification?

3. What is your understanding of the baptism of the Holy Spirit?

4. What is your view of the sign gifts (i. e., speaking in tongues, interpretation of tongues, miracles)?

5. What is your perspective on the second coming of Christ?

6. What is your view on divine healing?

7. What is your view of Scripture?

8. What is your view on women in ministry and leadership?

9. Do you subscribe to the United Brethren Confession of Faith without reservation?

Yes  No      If no, please explain:

10. Which of the above issues are strong convictions which you feel obligated to promote within your local congregation?

**OTHER IMPORTANT QUESTIONS**

Yes  No

1. Have you ever pled guilty to or been convicted of any crime?

Yes  No

2. Have you ever been charged with child neglect or abuse?

Yes  No

3. Has your driver's license ever been suspended or revoked?

Yes  No

4. Do you use illegal drugs, beverage alcohol, or tobacco in any form?

Yes  No

5. Do you have a reasonable debt load?

Yes  No

6. Are you handling your debt load responsibly?

Yes  No

7. Do we have your permission to obtain a credit report? *(We may need to request additional information from you, such as driver's license number.)*

## REFERENCES

Please provide the names, addresses, and telephone numbers of five persons who are qualified to evaluate your work. Include a person in each category specified below, plus any fifth person.

<b>1. A College or Graduate School Faculty Member of Your Major Area of Study</b>	
Person's Name	
College	
Address	
City / State / Zip	
Phone	
Okay to send reference form now? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	

<b>2. A Lay Leader in the Local Church You Attend</b>	
Church Name	
Church City/State	
Person's Name	
Address	
City / State / Zip	
Phone	
Okay to send reference form now? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	

<b>3. Pastor of the Local Church You Attend</b>	
Church Name	
Church City/State	
Pastor's Name	
Address	
City / State / Zip	

Phone	
Okay to send reference form now? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	

<b>4. A Friend or Relative</b>	
Name	
Relationship to You	
Address	
City / State / Zip	
Phone	
Okay to send reference form now? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	

<b>5. Any Other Person</b>	
Name	
Relationship to You	
Address	
City / State / Zip	
Phone	
Okay to send reference form now? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	