# 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 | ☐ New Profile ☐ Update |

| **GENERAL INFORMATION** | | |
|---|---|---|
| ☐ Male ☐ 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)<br>☐ Married ☐ Single ☐ Widowed<br>☐ Engaged ☐ Divorced ☐ Separated | | |
| Spouse's Name (if applicable): | | |
| Is your spouse employed? ☐ No<br>☐ Yes ☐ Part-time ☐ Fulltime | | |

| CHILDREN | | |
|---|---|---|
| | **Child's Name** | **Age** |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

| |
|---|
| **Family Size.** Number of persons living at home (including yourself): |
| **Health.** What health conditions should be noted about yourself and your immediate family? |

| YOUR EDUCATION | | | | |
|---|---|---|---|---|
| | **College** | **Major** | **Degree** | **Yr Grad.** |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

| SPOUSE'S EDUCATION | | | | |
|---|---|---|---|---|
| | **College** | **Major** | **Degree** | **Yr Grad.** |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

| YOUR CONTINUING EDUCATION | | |
|---|---|---|
| | **Program Description** | **Dates** |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

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

| | **Program** | **Certification Area** | **Issued By…** | **Date** |
|---|---|---|---|---|
| 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?** | | |
| ☐ Yes | Ordaining Body: | Year: |
| ☐ 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**<br>What offices have you held in the local church? | |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| **PUBLICATIONS**<br>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.

| | |
|---|---|
| | **Counselor**. 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. |
| | **Administrator.** Planning, promoting, and processing church-related ministries. |
| | **Teacher**. Teaching in the church's Christian education program. Involves the effective communication of biblical truth and asking application to everyday life. |
| | **Scholar**. Activities involving teaching at a theological school or the college level, and engaging in scholarly research or writing. |
| | **Evangelist**. Active commitment to leading people to faith in Christ. |

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

| | |
|---|---|
| ☐ Rural | ☐ City (15,000 – 35,000) |
| ☐ Small town | ☐ Large city (50,000 – 200,000) |
| ☐ Suburbs | ☐ 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?<br>☐ 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.

| **1. A College or Graduate School Faculty Member of Your Major Area of Study** | |
|---|---|
| Person's Name | |
| College | |
| Address | |
| City / State / Zip | |
| Phone | |
| Okay to send reference form now? ☐ Yes ☐ Not yet | |

| **2. A Lay Leader in the Local Church You Attend** | |
|---|---|
| Church Name | |
| Church City/State | |
| Person's Name | |
| Address | |
| City / State / Zip | |
| Phone | |
| Okay to send reference form now? ☐ Yes ☐ Not yet | |

| **3. Pastor of the Local Church You Attend** | |
|---|---|
| Church Name | |
| Church City/State | |
| Pastor's Name | |
| Address | |
| City / State / Zip | |

| | |
|---|---|
| Phone | |
| Okay to send reference form now? ☐ Yes ☐ Not yet | |

| **4. A Friend or Relative** | |
|---|---|
| Name | |
| Relationship to You | |
| Address | |
| City / State / Zip | |
| Phone | |
| Okay to send reference form now? ☐ Yes ☐ Not yet | |

| **5. Any Other Person** | |
|---|---|
| Name | |
| Relationship to You | |
| Address | |
| City / State / Zip | |
| Phone | |
| Okay to send reference form now? ☐ Yes ☐ Not yet | |