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



Full Name		
Date	New Profile	Update
GENERAL INFORMATION		
Male Female	Date of Birth:	
Birthplace (city and state/province):		
Citizen of what country?		
☐ If requested, I will submit to a background check. (You will receive a link to Safe Hiring Solutions, and be responsible to pay the fee. The base cost is around \$30, depending on the number of counties and/or states where you have lived.)		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Office:	Cell:
FAX:	Email:	
Website:	Facebook:	
Marital Status (check one) Married Single Engaged Divorced	If applicable: Spouse's Name: Anniversary:	(m/d/yr)
Separated Widowed	Spouse's date of birt	
Is your spouse employed? INO		

Cł	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?

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

SF	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?

PROFESSIC	ONAL DATA		
Conversion. Briefly describe your conversion testimony.			
Call to the M ministry.	Call to the Ministry. Describe your call to the ministry and your motivation to enter the ministry.		
Licensing. V	When and where were you first licensed to preach?		
ARE YOU O	RDAINED?		
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		

	HURCH POSITIONS hat 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
	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.

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	<u> </u>
	n sically l s. Self-m			ability to w	ork from	the "insid	le out" ev	en when i	no one
□ 1	2	□ 3	4	5	6	7	8 []	9	<u> </u>
3. Crea with it.	ites Own	ership o	of Minis	try. The a	bility to h	elp peopl	e into a v	ision and	move
□ 1	2	□ 3	4	5	6	7	8 []	9	<u> </u>
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	<u> </u>
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	<u> </u>
6. Effectiveness in Building Relationships. The ability to establish and maintain deep and wide relationships.									
□ 1	2	□ 3	4	5	6	7	8 []	9	<u> </u>
7. Commitment to Church Growth. The ability to grow a church numerically and spiritually.									
□ 1	2	□ 3	4	5	6	□7	8 🗌	9	<u> </u>

8. Responsiveness to the Community. The ability to read and respond to the needs in the cultural landscape.									
<u>□</u> 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.								
<u>□</u> 1	2	3	4	5	6	7	8 []	9	<u> </u>
	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	<u> </u>
11. Build Group Cohesiveness. The ability to unify and resolve the various agendas of a group of people.									
<u>□</u> 1	2	3	4	5	6	7	8 []	9	<u> </u>
12. Re s	silience.	The abil	ity to bo	unce back	ζ.				
□ 1	2	3	4	5	6	7	8 []	9	<u> </u>
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	<u> </u>

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?
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. Is your use of alcohol, tobacco and drugs consistent with the standards detailed in Discipline, Chapter 6, Paragraph 143? If not, please explain.			
🗌 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.)	
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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 referen	ce form now?		