

EAST OHIO CONFERENCE CLERGY PERSONAL INFORMATION RECORD

(Please type or print all information)

NAME	Last	First	Middle
BIRTH DATE	PLACE OF BIRTH	SOC. SEC. #	

CONFERENCE MEMBERSHIP

Full Elder-FE	Received in	<i>(indicate year)</i>	Conference
Provisional Elder-PE	Received in	<i>(indicate year)</i>	Conference
Transitional Deacon	Received in	<i>(indicate year)</i>	Conference
Full Deacon-FD	Received in	<i>(indicate year)</i>	Conference
Provisional Deacon-PD	Received in	<i>(indicate year)</i>	Conference
Associate Member-AM	Received in	<i>(indicate year)</i>	Conference
Local Pastor: FT PT -	Completed COS	<i>(indicate year)</i>	Conference
Retired: Elder Local Assc.Mem Deacon		<i>(indicate year)</i>	Conference

ORDINATION: *(Indicate year)*

Provisional Elder	Full Elder	Assoc. Member
Provisional Deacon	Full Deacon	

EDUCATION: High School

	Date Graduated
College	Degree Date
Seminary	Degree Date
Advanced Degree Seminary	Degree Date

NEW: Which assessments have you taken? Myers-Briggs StengthsFinder DISC Spiritual Gifts Inv.
 Other: What were the findings?

Additional Education/Training *(List other significant training experiences, CPE or # of COS classes completed.)*

CHURCHES OR APPOINTMENTS SERVED *(In sequence of service)*

YEARS SERVED

1.		to
2.		to
3.		to
4.		to
5.		to
6.		to
7.		to
8.		to
9.		to
10		to

BOARD AND COMMITTEE MEMBERSHIP & OFFICES *(All General Church, Conference, District, present and past years)*

SPECIAL ACTIVITIES, SECULAR MEMBERSHIPS & OFFICES & YEARS:

HONORS, PUBLISHED WORKS AND YEARS:

SPOUSE NAME:

SPOUSE Social Security No.

SPOUSE BIRTH DATE:

BIRTHPLACE:

DATE OF MARRIAGE:

EDUCATION OF SPOUSE:

SPOUSE'S OCCUPATION AND/OR ACTIVITIES:

CHILDREN & OTHER FAMILY *(This section has been updated to allow more information pertinent to your family.)*

NAME	BIRTH DATE	RESIDENCE*	RELATIONSHIP* / OTHER INFO*

**Does the child live at home, college or with another relative? Are other relatives in the home? Please provide their relationship status. Are there any other extenuating or special circumstances that you would like to share with your District Superintendent?*

***ADDITIONAL BIOGRAPHICAL or FAMILY DATA:** *(provide years as relevant)*

CLERGY NAME:

CELL PHONE:

E-MAIL:

DATE COMPLETED: