

INDIANA CONFERENCE PERSONAL DATA INVENTORY

Information provided will be maintained in strictest confidence. Only authorized persons on the District Committee on Ministry and the Indiana Conference Board of Ordained Ministry will have access to candidate's file.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

APPLYING FOR (click on box to select):

- Candidacy
- Local Pastors' License
- Provisional Membership
- Elder in Full Connection
- Deacon in Full Connection
- Associate Membership
- Other: \_\_\_\_\_

PLEASE ENTER NAME OF:

Home Church: \_\_\_\_\_

District: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Candidacy Mentor: \_\_\_\_\_

Residency Mentor: \_\_\_\_\_

Other Mentor: \_\_\_\_\_

**PERSONAL DATA** (If necessary to fully answer any of the questions, please use additional paper.)

Full Name \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School/Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Church/Charge Presently Serving \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work/School Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Native Language \_\_\_\_\_

Fluent in what Languages: \_\_\_\_\_

Local Church Recommending You for Candidacy \_\_\_\_\_

Local Church in which you are now a member \_\_\_\_\_

Certificate of Candidacy: Date of Issue \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Educational Level	Name of School	Dates Attended	Degree or Credit	Grade Average
High School				
College				
Seminary				
Graduate School				

**FAMILY INFORMATION**

Name of Father \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

If deceased: Age at death \_\_\_\_\_ Year \_\_\_\_\_

If divorced: Year \_\_\_\_\_ Remarried? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Name of Mother \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

If deceased: Age at death \_\_\_\_\_ Year \_\_\_\_\_

If divorced: Year \_\_\_\_\_ Remarried? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

List brothers and sisters in birth order

Name	Age	Marital Status	Occupation

Your Marital Status:  Single  Engaged  Married  Widowed  Divorced

If Married: Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Previous Marriages (How Many? List All-Use Additional Sheets if Necessary))

Yourself: Date of Marriage \_\_\_\_\_ How Terminated \_\_\_\_\_ Date Ended \_\_\_\_\_

Your Spouse: Date of Marriage \_\_\_\_\_ How Terminated \_\_\_\_\_ Date Ended \_\_\_\_\_

Date of Marriage \_\_\_\_\_ How Terminated \_\_\_\_\_ Date Ended \_\_\_\_\_

Name \_\_\_\_\_

Name & Age of Children/and or Other Dependents Living With You:

Name:	Name:	Name:	Name:	Name:	Name:
Age:	Age:	Age:	Age:	Age:	Age:

Name & Age of Children and/or Other Dependents Not Living With You:

Name:	Name:	Name:	Name:	Name:	Name:
Age:	Age:	Age:	Age:	Age:	Age:

If married, indicate your spouse's support of your ministry:

Spouse's religious background \_\_\_\_\_

Spouse's current church involvement \_\_\_\_\_

How do you think your spouse feels about your becoming a minister? \_\_\_\_\_

\_\_\_\_\_

What do you consider to be the appropriate relationship between your marriage and your potential career as a minister? \_\_\_\_\_

\_\_\_\_\_

**CHURCH INVOLVEMENT**

Religious Background:

Church Attended in Childhood \_\_\_\_\_ Denomination \_\_\_\_\_

Size &- Type of church \_\_\_\_\_ City/State \_\_\_\_\_

When & Where Baptized \_\_\_\_\_

**CHURCH PARTICIPATION DURING CHILDHOOD AND ADOLESCENCE**

Activity	How Often?	Types of Leadership Roles
Sunday Worship		
Church School		
Youth Fellowship		
Choir, Music		
Camps		
Conferences		

Name \_\_\_\_\_

Any changes in your church membership? If yes, describe \_\_\_\_\_

Have you served as a pastor or ordained minister in the United Methodist Church or in another denomination? If yes, name of Annual Conference or Denomination. \_\_\_\_\_

If yes, describe previous ministry and how and why it ended. \_\_\_\_\_

Have you applied for, or participated in, the Candidacy process previously? If yes, describe the outcome and its reasons \_\_\_\_\_

Name of previous supervising pastor and conference \_\_\_\_\_

In what local church are you currently active? \_\_\_\_\_

What is your current involvement in your home or local church, i.e., leadership positions, church activities? \_\_\_\_\_

List your involvement in activities beyond your local church, such as community work, district and conference work, church camps, workshops, and/or special outreach projects. \_\_\_\_\_

**MINISTRY INTEREST**

What experience(s) led you to consider entering the ministry?

Who are the people you have talked to about entering ministry and how did they influence you? \_\_\_\_\_

If transferring from another denomination, why are you interested in the United Methodist Church?

Of the following areas, mark the five that most indicate your special giftedness for ministry

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Family Ministry     | <input type="checkbox"/> Spiritual Guide | <input type="checkbox"/> Inner-City Ministry  | <input type="checkbox"/> Music        |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Counselor       | <input type="checkbox"/> Suburban Ministry    | <input type="checkbox"/> Parish       |
| <input type="checkbox"/> Youth Ministry      | <input type="checkbox"/> Pastor          | <input type="checkbox"/> Rural Ministry       | <input type="checkbox"/> Chaplain     |
| <input type="checkbox"/> Adult Ministry      | <input type="checkbox"/> Preacher        | <input type="checkbox"/> Business Manager     | <input type="checkbox"/> Campus       |
| <input type="checkbox"/> Program Director    | <input type="checkbox"/> Evangelist      | <input type="checkbox"/> Health Ministry      | <input type="checkbox"/> Missions     |
| <input type="checkbox"/> Higher Education    | <input type="checkbox"/> Social Activist | <input type="checkbox"/> Institutional Leader | <input type="checkbox"/> Other: _____ |

Name \_\_\_\_\_

**HEALTH INFORMATION**

Rate Your Physical Health:

- Very Good       Good       Average       Poor       Declining

Do you have a medical condition or physical disability? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** (Please list your most recent experience first).

Date From – To	Employer	Title/Position	Supervisor	Salary	Reason for Leaving

**MILITARY HISTORY**

Were you on active duty in the military?  Yes  No

Branch	Service Dates	Rank	Specialty	Special Honors

Have you ever been court-martialed or received other disciplinary action (Article XV)? If yes, give type and details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Discharge \_\_\_\_\_

Are you currently in the Reserves or the National Guard?  Yes  No