



**THE UNITED CHURCH OF CANADA
L'ÉGLISE UNIE DU CANADA
Ministry and Employment Unit**

Ministry Personnel Information Sheet (PR 402 IS)

This form must be completed with every change in pastoral relations (with form PR 401 IS).

Processing/Routing:

- *Please print clearly.*
- Ministry personnel completes Parts A through K, and forwards to the Conference office.
- Appropriate Conference staff person completes Part L and forwards to the Ministry and Employment Unit of the General Council Office.
- *Every person who signs this form must keep a copy for his/her own records.*

Name: _____

Postal address: _____
Post office box/street address City Province Postal code

Telephone: _____
Home Office

Fax E-mail

Part A: Pastoral functions and skills

The practice of ministry involves different functions that are expressed in a variety of ways. Number the categories below on a scale of 1 (high interest) to 5 (low interest), with 3 as the median. Please elaborate on these in the narrative section of this form (Part H).

- | | |
|---|--|
| <p>_____ Administration (management, organizational development and design)</p> <p>_____ Adult ministry (Bible study, growth groups, couples, and young adults)</p> <p>_____ Camping (outdoor Christian life experiences)</p> <p>_____ Children's mid-week groups</p> <p>_____ Church music (musicology, choral, and instrumental)</p> <p>_____ Church school (curriculum development, educational models, and teaching skills)</p> <p>_____ Counselling (with appropriate accreditation)</p> <p>_____ Ecumenism (interdenominational programming and co-operation)</p> <p>_____ Evangelism (relating the gospel to those outside the church—enabling laity to witness)</p> <p>_____ Hospital/institutional care (visitation, chaplaincy)</p> <p>_____ Interfaith</p> | <p>_____ Intergenerational programming</p> <p>_____ Mission service (frontier, overseas, and outreach projects)</p> <p>_____ Outreach and social justice</p> <p>_____ Pastoral care (parish and institutional visitation, marriage or crisis counselling)</p> <p>_____ Preaching</p> <p>_____ Senior adults (retirement preparation, clubs)</p> <p>_____ Stewardship (mission education, use and development of resources)</p> <p>_____ Teaching (biblical studies, Christian doctrine, lay school or community college)</p> <p>_____ Theology (current scholarship and application)</p> <p>_____ Worship leadership</p> <p>_____ Youth work (confirmation, youth programming)</p> |
|---|--|

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the *Personal Information Protection and Electronic Documents Act* (2000, c.5). **** THIS FORM IS NOT VALID IF ALTERED ****

Part B: Special training and experience (Please specify extent and type of experience.)

1. Arts
2. Business
3. Communication (media)
4. Counselling/clinical pastoral education
5. Languages spoken and understood
6. Personnel work
7. Planning and research
8. Community involvement (politics, service organizations)
9. Interim ministry training/transitional ministry training
10. Technical
11. Agricultural
12. Other

Part C: Completed education

Degree/Diploma Achieved	Institution	Year Completed

Recent continuing education experience (past three years)

Events or Courses	Duration	Areas of Study/Development

Part D: Community interest, sports, hobbies (past three years)

Part E: Involvement in courts of the church (Please attach extra sheets as necessary.)

Office or Involvement	Presbytery/District/Conference/ General Council	Date of Term(s)

Part F: Personal or household needs/wants (Please indicate.)

Part G: Preferred ministries

Location (Conference or geographic area)

Type of community (e.g., rural, urban, inner-city)

Type of position (e.g., solo, multiple staff, church development, ethnic)

Part H: Narrative section

Attach a description of your understanding of your ministry—its present leadership style, skills and strengths, as well as any future plans for ministry.

Part I: References

List name, address, and telephone number of two Order of Ministry people and two lay people who would be prepared to act as references for your training, experience, capabilities, and character.

Name	Address	Phone

Part J: Attachments

The following documents are attached:

Part K: Confirmation

I confirm that the information summarized above and attached to this form is accurate, and I authorize the appropriate Conference staff person and/or the Transfer Committee (for those subject to or requesting settlement) to release it.

If my approval is required each time for release of this information, I sign my initials here: _____

Month/day/year

Signature: Ministry personnel

Printed name: Ministry personnel

Part L: Receipt by Conference

Month/day/year

Signature: Appropriate Conference staff person and/or authorized settlement officer

Printed name: Appropriate Conference staff person and/or authorized settlement officer