

SOUTHWEST CONFERENCE CLERGY INFORMATION REVIEW FORM 2009

CONTACT INFORMATION *

Name _____ Cell Phone _____
Street Address _____ Home Phone _____
City, State, Zip _____ Office Phone _____
Email Address _____ Fax Number _____

ACADEMIC INFORMATION *

Undergraduate Institution _____
Graduation Date _____
Major/s _____
Name of Seminary _____
Graduation Date _____

Add'l Academic work/dates/degrees:

PERSONAL INFORMATION *

Birthdate _____
Family Members - Name, Relationship/Age (child)

CURRENT MINISTRY *

Place of Ministry _____
Address of Ministry _____
Full time _____ Part time _____
Beginning Date _____

AUTHORIZATION *

Date of Ordination _____
Place of Ordination _____
Denomination of Ordination _____

Are you currently in a 3-Way Covenant (clergy + local UCC church + SWC)? _____

If "Yes", please indicate the type of Authorization below.

- ___ Ordained UCC Minister
- ___ Licensed Minister
- ___ Commissioned Minister
- ___ Dual Standing (Denomination _____)
- ___ Ordained Ministerial Partner (Disciples of Christ)

If you are not in a 3-Way Covenant, indicate type of Authorization:

- ___ **4-Way Covenant** (clergy + local UCC church + SWC + specialized ministry)
- ___ **Retired:** Retired and holds membership in an UCC congregation. Not engaged in any full-time ministry.
- ___ **Leave of Absence. Began:** _____
- ___ **Seeking Call** ___ **Interim** ___ **Other**

Name of UCC church where membership resides: _____

Signature of pastor of the church confirming your membership: _____ Date _____

*** If this information is already on file, it is not necessary to complete again. If you are unsure, please contact Barbara Decker in the SWC office.**

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(Please continue to Page 2)

SERVICE IN THE SOUTHWEST CONFERENCE

Date of Last Boundary Training (required every 5 years) _____

If not in the Southwest Conference, where? _____

(Please provide a copy of documentation if it is not already on file. Check with Barbara Decker if you are unsure.)

Ministerial Codes of Conduct for UCC Ordained, Licensed, and Commissioned Ministers:

I have read and agree to abide by the ministerial code of conduct. _____ Date _____
(The codes may be found at www.ucc.org or obtained from the Conference Office.)

Date standing in SWC began: _____ If transferred, from what association/conference? _____

Do you currently serve on a SWC Committee/s? Which one/s? _____

PAST MINISTRIES SERVED *

Ministry	Location	Dates Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW MAY WE SERVE YOU?

Would you like a contact from the Conference Minister to discuss personal or professional concerns? _____

Would you like to be involved in a clergy support group in your area? _____

Tell us about your highlights or challenges of the past year.

Any additional comments:

Name _____