

# **Pastoral Profile Form**

Name:			
Date:	hali kun a qui anna della		
Mailing Address:		**************************************	and the second s
City:	St	ate:	Zip Code:
Phone:	Email:		Date of Birth:
Spouse's Name:		Yea	rs Married:
	s:		et en entre grant ment en gegen en plate en en gle-de anten et de liggent hen dijen et en generale an general
Date of Ordination: _	Ordaining Bo	ody:	
Date of Licensing:	Licensing Boo	dy:	
Years of Service in Se	t-Apart Ministry:	<del>-</del> 8	
Affiliation, (What De	nomination are you current	ly part o	f?):
Professional Record:			
List all major	positions held:		
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## **Education:** College/Seminary Major Degree Year Graduated 1. 2. 3. 4. Non-Degree Approved Training: 1. 2. 3. 4. Certifications: 1. 2. 3. 4.

#### **Professional Dates:**

**Future Educational Plans:** 

Conversion: (Briefly describe your testimony)

Describe your call to ministry:
Theology:
Describe your understanding of God the Father:
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Describe your understanding of Jesus Christ:
Describe your understanding of the Holy Spirit:
Describe your understanding of the Holy Bible:

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Describe	your	under	standi	ing of	the	Churc	h:

Describe your understanding of what it means to be Brethren:

### **Leadership Qualities:**

Evaluate yourself in the following areas. Circle a number on the continuum that best describes you. (1. Is the strongest, 10. the weakest).

6. 7.

8.

9. 10.

#### Preaching

Visioning

1. 2. 3. 4. 5.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Pastoral Care										
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Visitation										
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Evangelism										
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Community involvement										
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Administration										
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

Sell-Iviol	ivated								
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Commitment to Church growth									
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Encoura	ging gif	tednes	s in oth	iers					
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Building	relatio	nships							
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Worship	Leade	rship							
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Refere	nces:								
Name Phone Address									
1.									
2.									
3.								~	
By signing this document, I affirm that I fully embrace the Statement of Faith of the Covenant Brethren Church (CBC) and will support the Bylaws and Faith Statement to the best of my ability in every aspect of my ministry. I am willing to submit to a background check. I acknowledge that my responses are true and accurate to the best of my knowledge.									
Signature	::				l	Date:			