

PROFESSIONAL PORTFOLIO INFORMATION REVIEW

Name:

Date:

Address:

Telephone Numbers:

Home:

Office:

Cell:

Preferred Email Address:

Date of Birth:

Date of Ordination:

Spouse/Partner Name:

Check your Classification:

Pastor/Co-Pastor

Retired

Associate/Assistant Pastor

Ecumenical Work

Pastor Emeritus

Campus Ministry

Minister of Music

Educational Work

Pastor of Non-UCC Church

Missionary

Intentional Interim Minister

Chaplain

Supply Minister

Religious Work

Denominational Work

Business/Other Professional Work

Conference Work

Pastoral Counseling

Health/Welfare Work

Unclassified

Other Local Work

Leave of Absence

I hold standing in another Conference (if so, please list):

I have Dual Standing (if so, please list with whom you hold primary ordination):

I have standing with another denomination (if so, please list):

Your local church membership (Name/Town):

Your Calling Body (where you serve):

Has your status changed in the past year: YES NO
If YES, please state how:

Did you attend the last PNEC Annual Meeting: YES NO
If NO, please state why:

Do you participate in collegial gatherings i.e. AMCs: YES NO
If YES, please state name of group
If NO, please state why not:

Did you attend the last Clergy Convocation gathering: YES NO
If NO, please state why:

Is there any other information you feel PNEC should know? YES NO
If YES, please state what:

When and where did you last receive Boundary Training and is your certificate on file at PNEC?

Would you want to speak with someone from the Ordained Church & Ministry Committee?

Thank you for keeping your records update at PNEC!