

PROFESSIONAL PORTFOLIO INFORMATION REVIEW

Name: _____ Date: _____

Address: _____

Telephone Numbers:

Home: _____; Office: _____; Cell: _____

Preferred Email Address: _____

Date of Birth: _____; Date of Ordination: _____

Spouse(s)/Partner(s) Name: _____

Review & Update Status:

- | | |
|---|---|
| <input type="checkbox"/> Pastor/Co-Pastor | <input type="checkbox"/> Conference Work |
| <input type="checkbox"/> Associate/Assistant Pastor | <input type="checkbox"/> Missionary |
| <input type="checkbox"/> Pastor Emeritus | <input type="checkbox"/> Chaplain; _____ site |
| <input type="checkbox"/> Minister of Music | <input type="checkbox"/> Pastoral Counseling |
| <input type="checkbox"/> Pastor of Non-UCC Church | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Intentional Interim Minister | <input type="checkbox"/> Denominational Work |
| <input type="checkbox"/> Laity | <input type="checkbox"/> Other |
| <input type="checkbox"/> Retired | |

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): _____

Review and Update Your Ministerial Standing:

_____ Exempt _____ Ordained _____ Lay Ministerial Standing

Has your status changed in the past year? YES NO

If YES, please state how: _____

Did you attend the last Penn Northeast Conference Meeting? YES NO

If NO, please state why: _____

Do you participate in an Area Mission Council? YES NO

If YES, please state name of group: _____

If NO, please state why not: _____

Do you participate in a Community of Practice? YES NO

If YES, please state which Community of Practice: _____

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: _____

Continuing Education:

When and where did you last receive Boundary Training? _____

Is your certificate on file at the PNEC office? YES NO

When and where did you last receive Anti-Racism Training? _____

Is your certificate on file at the PNEC office? YES NO

When and where did you last receive Cultural Competency Training? _____

Is your certificate on file at the PNEC office? YES NO

List Amount of Continuing Education hours: Face to Face _____; Other _____

Would you want to speak with someone from the Oversight Working Group or Committee on Ministry?

YES NO

Thank you for keeping your records updated on Breeze & the PNE Conference Office!