



EPC

A Global Movement of Evangelical Presbyterian Churches

PERSONAL INFORMATION FORM

Name: _____ **Date:** _____

The EPC Ministerial Vocation Committee and Office of the Stated Clerk provide resources and advice to both pastors and congregational search committees. To that end, we ask congregations and ministers to complete information forms as an introduction to each other, and as a first step in the process of calling a minister for a congregation. For both the individual pastor and the congregation, this is an opportunity for self-study and for evaluation of current ministry and goals. This calls for honesty, effort, and commitment to open communication.

Ministers and Candidates are welcome to send completed Personal Information Forms to Search Committees for positions in which they have interest. No prior denominational approval is necessary. Completed forms also should be sent to the Office of the General Assembly at the address below, in care of the Stated Clerk. Candidates Under Care of presbyteries are required to submit a completed Personal Information Form before written ordination examinations are issued.

For those seeking to transfer ordination credentials to the EPC, see the information on www.epc.org/transferringtotheepc before filling out this form.

If you need additional space to answer any questions, attach a separate sheet (please ensure that the question number is included).

Contents:

- | | | | |
|--------|----------------------|--------|----------------------------------|
| Part 1 | Statement of Consent | Part 4 | Ministry Preferences and History |
| Part 2 | Personal Information | Part 5 | Appraisal |
| Part 3 | Narrative | Part 6 | Background Disclosure |

EPC Office of the General Assembly

5850 T.G. Lee Blvd., Suite 510
Orlando, FL 32822

407-930-4239
407-930-4247 (fax)
info@epc.org

www.epc.org

Part 1: Statement of Consent*

We are called to honesty and a commitment to open communication as we seek to build the body of Christ. In that spirit, we ask that you confirm your agreement to the following statements by your signature below:

I attest that the information contained in my Personal Information Form is true and complete to the best of my knowledge.

I authorize the persons and entities, such as members of search committees of a prospective calling body or appropriate staff persons, to make inquiries regarding all statements contained in my Personal Information Form. I also authorize all persons referred to as references, members of congregations I have served or personal/professional colleagues, to supply verification of the information provided in the Personal Information Form. I understand that such persons may comment on and state their opinions regarding all matters addressed in the profile including, without limitation, my background and character. To encourage such persons to speak openly and responsibly, I hereby release them from any claims or liabilities arising from their responses and comments if made in good faith and without malice.

I authorize staff of the Office of the Stated Clerk to circulate, distribute, and otherwise share information gathered in connection with my Personal Information Form to representatives of calling bodies. I hereby release the Evangelical Presbyterian Church, its agencies, and all contractors or employees of the Evangelical Presbyterian Church or its agencies from any claims or liabilities in connection with the Personal Information Form or its distribution.

I understand that I may receive copies of all written information which is submitted to the Office of the Stated Clerk in connection with the Personal Information Form, if I make a request in writing. I may submit additions to my file to supplement or reply to any matters included in my file.

*A copy of this consent form will be available to reference sources.

Signature: _____ Date Signed: _____
Printed or Typed Name: _____

I am able to consider a call at this time:

Yes No Possibly

It is unlikely I will consider a call before: _____

Name: _____

3. Ordination Status

Ordained by (church/city/state): _____

Ordination Date: _____

If not ordained:

Church Membership (church, city, state): _____

Candidate Under Care of (denomination and presbytery): _____

_____ since (date): _____

4. Educational Background:

a. Name of Institution	Dates Attended	Degree Achieved
------------------------	----------------	-----------------

b. Continuing Education/Professional Development (please include dates):

Name: _____

c. Community and Civic Activities:

d. Presbytery and General Assembly Activities:

Name: _____

e. Ecumenical Activity:

f. Special Interests, Hobbies:

Name: _____

g. Languages you can speak (and level of proficiency):

h. Types of supervision/accountability you have found helpful in your ministry:

Name: _____

Part 3: Narrative

- 1. Life Story:** In one page, describe your life's journey. Include key incidents that were significant in your formation as a person and your call to ministry. State your personal ideals and goals.

Name: _____

2. Please describe briefly (confine your answers to space allotted):

a. My leadership style: *(How you include others in decision-making, administrative style, ways you deal with conflict, etc.?)*

b. My worship emphases: *(preaching style, preferred worship emphases and style, etc.)*

Name: _____

- c. My call to ministry: *(What type of ministry role are you called to? What would effectiveness look like in that role?)*

3. Comment briefly on your views as relates to:

- a. Spiritual giftedness

Name: _____

b. Charismatic expression in worship (manifestation of spiritual gifts)

c. Women in ordained office

Name: _____

d. Presbyterian connectional system

4. Do you agree with the system of government of the Evangelical Presbyterian Church?

Yes No (please explain briefly):

5. Do you sincerely receive and adopt the *Westminster Confession of Faith and Catechisms* of this Church as containing the system of doctrine taught in the Holy Scriptures?

Yes No (please explain as part of your answer to #6 below)

Name: _____

6. Do you take any exceptions to the *Westminster Confession of Faith and Catechisms*?

Yes No

If yes, please identify the topic with the specific chapter, paragraph, or question number with which you take your exception. *(Note: you will need to submit a written statement of these exceptions to the Ministerial Committee and presbytery during the examination process.)*

7. Do you willingly offer the sacrament of infant baptism to Christian parents?

Yes No (please explain briefly):

Name: _____

Part 4: Ministry Preferences and History (check all that apply)

Size of Church	Would Serve	Have Served
Up to 150 members	<input type="checkbox"/>	<input type="checkbox"/>
150 to 300 members	<input type="checkbox"/>	<input type="checkbox"/>
300 to 500 members	<input type="checkbox"/>	<input type="checkbox"/>
500 to 1,000 members	<input type="checkbox"/>	<input type="checkbox"/>
Over 1,000 members	<input type="checkbox"/>	<input type="checkbox"/>
Position Type		
Pastor (Solo)	<input type="checkbox"/>	<input type="checkbox"/>
Pastor (Head of Staff)	<input type="checkbox"/>	<input type="checkbox"/>
Staff Ministry		
Associate	<input type="checkbox"/>	<input type="checkbox"/>
Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Congregational Care	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Chaplaincy	<input type="checkbox"/>	<input type="checkbox"/>
Church Planting	<input type="checkbox"/>	<input type="checkbox"/>
Tentmaking	<input type="checkbox"/>	<input type="checkbox"/>
Temporary		
Occasional Supply	<input type="checkbox"/>	<input type="checkbox"/>
Stated Supply	<input type="checkbox"/>	<input type="checkbox"/>
Interim Supply	<input type="checkbox"/>	<input type="checkbox"/>
World Missions	<input type="checkbox"/>	<input type="checkbox"/>
Home Missions	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Community Type		
Rural (Country/Farming)	<input type="checkbox"/>	<input type="checkbox"/>
Suburban	<input type="checkbox"/>	<input type="checkbox"/>
Town/Village	<input type="checkbox"/>	<input type="checkbox"/>
Urban (Metropolitan)	<input type="checkbox"/>	<input type="checkbox"/>
Urban (Inner City)	<input type="checkbox"/>	<input type="checkbox"/>
College/University	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Cultural	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Geographic Areas		
U.S. West	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Midwest	<input type="checkbox"/>	<input type="checkbox"/>
U.S. South	<input type="checkbox"/>	<input type="checkbox"/>
U.S. East	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Middle Atlantic	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Southeast	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	

Name: _____

Part 5: Appraisal

1. Self-Appraisal: What five key characteristics/gifts/skills would you bring to a ministry position?

2. References: Choose five individuals to complete the written reference form at the end of this document and who are willing to be contacted by phone by a Search Committee and a Presbytery Ministerial Committee. If possible, one of these references should represent your current/last congregation Session. When providing the form to your references, include a stamped envelope addressed to the EPC Office of the General Assembly (address provided on page 1).

1. Name: _____

Address: _____

E-mail: _____ Preferred phone: _____

Person's relationship to you: _____

2. Name: _____

Address: _____

E-mail: _____ Preferred phone: _____

Person's relationship to you: _____

3. Name: _____

Address: _____

E-mail: _____ Preferred phone: _____

Person's relationship to you: _____

4. Name: _____

Address: _____

E-mail: _____ Preferred phone: _____

Person's relationship to you: _____

5. Name: _____

Address: _____

E-mail: _____ Preferred phone: _____

Person's relationship to you: _____

Name: _____

Part 6: Background Disclosure

To the person completing these statements:

Congruent with the concern for ethical performance of ministry in the Evangelical Presbyterian Church and openness about issues that are sensitive to functioning in the public role of a pastor in a congregation, you are asked to respond to the following statements. There is opportunity for explanation if you so desire.

To the Search Committee or Session of a calling church:

Any practice of routinely rejecting profiles on a perfunctory basis without a complete and thoughtful review of the explanations offered by the candidate is strongly discouraged. The information presented here is meant to provide an occasion for open, honest dialogue.

This disclosure statement will only be shared with an interested congregation as part of the second phase of the search process.

1A. Have you ever been the subject of official discipline by a Session or Presbytery of the Evangelical Presbyterian Church?

Suspended Yes No

Deposed Yes No

1B. Is any official disciplinary action currently pending?

Yes No

1C. Have you ever been the subject of official disciplinary proceedings by another denomination that resulted in disciplinary action?

Yes No

1D. Are any official disciplinary proceedings by another denomination currently pending?

Yes No

Explanation of 1A-1D:

Name: _____

2A: Has a civil lawsuit, criminal charge, or official ecclesiastical complaint been sustained against you for sexual discrimination, harassment, exploitation or misconduct, physical abuse, child abuse, or financial misconduct?

Yes No

2B. Have you ever been convicted of a felony?

Yes No

Explanation of 2A-2B:

3A. Has your employment ever been changed because you attempted or actually engaged in:

A. Sexual Discrimination, Harassment, Exploitation, or Misconduct Yes No

B. Physical Abuse Yes No

C. Child Abuse Yes No

D. Financial Misconduct Yes No

Name: _____

3B. Has your employment ever been changed in order to avoid facing or to avoid being terminated because of charges of actual or attempted:

- | | | |
|---|------------------------------|-----------------------------|
| A. Sexual Discrimination, Harassment, Exploitation, or Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Physical Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Child Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Financial Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanation of 3A-3B:

I recognize that presbyteries are required to perform a background investigation on all individuals seeking candidacy or membership. I further recognize my responsibility to update this background disclosure in a timely manner should there be a change of status in any of the issues named above.

Signature: _____ Date: _____

Type or print your name: _____



Reference for _____

You have received this reference form from a person who values your opinion. The material you provide will be placed with other materials to comprise the individual's Personal Information Form for use in the Evangelical Presbyterian Church. The Office of the Stated Clerk encourages persons to update regularly or prepare a new Personal Information Form. ***Therefore, being asked to provide a reference does not necessarily imply that the person is interested in a change in position.***

Committees may use the material you provide in the future if the person seeks a change.

You are being asked to provide as clear a picture of this person as possible through the attached reference form which includes an opportunity to comment. Indicate the qualities evidenced in this person's ministry at this time as you have encountered them. Bear in mind that other congregations and/or ministries rely on the completeness and accuracy of the information that you provide.

For your information, the person for whom you are completing this reference form has signed the following statement of consent, which is on file at the Office of the General Assembly:

I authorize the persons and entities, such as members of search committees of a prospective calling body or appropriate staff persons, to make inquiries regarding all statements contained in my Personal Information Form. I also authorize all persons referred to in the Profile as references, members of congregations I have served, or personal/professional colleagues to supply verification of the information provided in the Personal Information Form. I understand that such persons may comment on and state their opinions regarding all matters addressed in the profile including, without limitation, my background and character. To encourage such persons to speak openly and responsibly, I hereby release them from any claims or liabilities arising from their responses and comments if made in good faith and without malice.

If you need additional space to answer any questions, please attached a separate sheet (and ensure that the question number is included). Send completed Reference Form to:

Office of the Stated Clerk
Evangelical Presbyterian Church
5850 T.G. Lee Blvd., Suite 510
Orlando, FL 32822

or you can fax to 407-930-4247 or scan and email to info@epc.org.

If the person asking for this reference provided the form to you as a hard copy, they should have also supplied a stamped envelope with this address for your use.

Reference for _____

Date _____

Please answer as many of the following questions as you are able. If you have no knowledge or opinion on any of the questions, please check "unknown."

1. In what capacity and how long have you known the candidate?

2. In comparison with other ministers you have known, indicate:

- (1) Serious Deficiency (2) Below Average (3) Average
(4) Above Average (5) Exceptional (6) Unknown

	1	2	3	4	5	6
Preaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in and fosters evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in and fosters discipleship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to encourage others to develop their gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earns loyalty of colleagues and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to objectively evaluate own strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental and emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

Reference for _____

Date _____

3. Is he/she able to successfully work with others?

4. Does he/she show evidence of alcohol or other substance abuse? If so, please explain.

5. How does he/she handle anger or frustration?

6. Does he/she have any personal qualities that might hamper ministry effectiveness?

Reference for _____

Date _____

7. Would you recommend him/her as a minister?

8. Please state your reservations if you are unable to recommend him/her as a minister.

9. Additional comments:

Signature: _____

Print Name: _____

Address: _____

Email: _____

Preferred Phone: _____