

2020 Authorized Minister Information Review
MN Conference United Church of Christ

1. CONTACT INFORMATION **This is a change**

Last Name _____ First Name _____ MI _____
Street Address _____
City _____ State _____ Zip Code _____

Check here to opt out of address publication in the Conference Directory.

Telephone Numbers – with area code.

Home (____) _____ Office (____) _____
 Cell (____) _____

Please check box of your PREFERRED phone number,
which will be published in the Conference Directory and UCC Yearbook.

Check here to opt out of any publication of telephone number.

Professional Email _____

Other Email _____

Please check box of your PREFERRED email address,
which will be published in the Conference Directory and UCC Yearbook.

Check here to opt out of any publication of e-mail addresses.

2. MINISTRY STANDING

- I have a call agreement and (check one):
 - a three way covenant (serving a local church or on behalf of a local church)
 - a four way covenant (serving in a setting other than a local church)
- I do not have a call agreement and (check one):
 - I am on a recognized leave of absence (LOA)
 - I am searching for a call/position.
 - I am available for occasional service.
 - I am requesting Exempt Standing. (You will be sent a separate mailing regarding Exempt Standing. Please sign this form, but you do not need to fill the rest of it out.)

3. MINISTRY SETTING (check **all** that apply) **check here if a change from last year**

I am serving as a:

- Pastor Co-Pastor Associate Pastor Faith Formation Interim
- Chaplain Spiritual Director Other _____

Ministry setting name _____

Street address _____

City _____ State _____ Zip Code _____

Primary Telephone Number _____

4. LOCAL CHURCH MEMBERSHIP

My local church membership is at: _____

5. PERIODIC VOCATIONAL SUPPORT

Every 3–5 years, each authorized minister of the MN Conference United Church of Christ is offered the opportunity to reflect on her/his current ministry through a Periodic Vocational Support Consultation facilitated by the Covenant subcommittee, Committee on Ministry. To request to be added to be contacted sooner rather than later, check below:

Add my name to the coming year's PVS schedule.

6. Please respond honestly to the prompts below:

What have you done in the past year in the way of diversity training or continuing education to advance your ministry skills?

List any ongoing peer supports you are involved in at this time (community of practice, local ministerium, most recent Periodic Vocation Support, etc.):

Describe a formative event or practice of your faith/spiritual journey during this year:

How have you maintained your covenantal relationship with the United Church of Christ during this past year?

Please sign to signify that information is correct; date and return this form to the Committee on Ministry. (MN Conference UCC, 122 W. Franklin Ave., Suite 323, Minneapolis, MN 55404)

Signature: _____

Date: _____