

**BIOGRAPHICAL INFORMATION FORM WITH PICTURE**

**Please complete this form and send with a digital photograph of yourself by January 8 to:**

Lisa Steel, Director of Ministerial Services, at [lisa.larson@iaumc.org](mailto:lisa.larson@iaumc.org)

Name \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

Church Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ E-mail \_\_\_\_\_

Ethnic Origin: Asian \_\_\_\_\_ African American/Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_

Native American \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Local Church & Address \_\_\_\_\_

Conference \_\_\_\_\_ District \_\_\_\_\_

Your Educational Background Dates Attended Degree or Credit Hours

High school \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Theological Seminary \_\_\_\_\_

Course of Study Yr.1 \_\_\_\_\_ Yr.2 \_\_\_\_\_ Yr.3 \_\_\_\_\_ Yr.4 \_\_\_\_\_ Yr.5 \_\_\_\_\_

Advanced Course of Study: \_\_\_\_\_ Credit hours \_\_\_\_\_

Marital Status: Single, never married \_\_\_\_\_ Married, in first marriage \_\_\_\_\_ Married, in second or more \_\_\_\_\_

Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If married, spouse's name \_\_\_\_\_ Birth date \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Your children, if any:

Name of child	Date of Birth	Sex	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dependents in addition to your spouse and children:

Name	Date of Birth	Sex	Education
_____	_____	_____	_____
_____	_____	_____	_____

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

\_\_\_\_\_  
\_\_\_\_\_

Your childhood family and other significant relatives:

Relation	Name	Age	Sex	Education	Marital Status	Occupation
<u>Father</u>	_____	_____	_____	_____	_____	_____
<u>Mother</u>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church?

Yes \_\_\_\_ No \_\_\_\_ If Yes, what Conference? \_\_\_\_\_

<b>Conference Relationship</b>	<u>Indicate Date</u>	<u>Indicate Date</u>
Provisional Deacon _____		Provisional Elder _____
Licensed as a Local Pastor _____		Associate Member _____
Deacon in Full Connection _____		Elder in Full Connection _____

Have you had a change in clergy relationship with a conference of The United Methodist Church?

Yes \_\_\_\_ No \_\_\_\_ If Yes, what Conference? \_\_\_\_\_

<b>Change in Conference Relationship</b>	<u>Indicate Date</u>	<u>Indicate Date</u>
Discontinuance _____		Location _____
Leave of Absence _____		Retirement _____
Disability Leave _____		Withdrawal _____
Termination by action of the annual conference _____		