



The United Methodist Church

Personal Data Inventory

Date _____

PERSONAL DATA

Full Name _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Cell Phone _____
 Work Address _____

PHYSICAL DESCRIPTION

Sex _____ Date of Birth _____ Age _____ Height _____ Weight _____ Ethnic Background _____ Race _____
 Name of Father _____ Name of Mother _____
 Address _____ Address _____
 Occupation _____ Occupation _____
 If living: Age _____ If living: Age _____
 If deceased: Age at death _____ Year of death _____ If deceased: Age at death _____ Year of death _____
 If retired or deceased, list previous occupation _____ If retired or deceased, list previous occupation _____

FAMILY OF ORIGIN

Rate parent's marriage Happy Average Unhappy Separated Divorced Remarried

Brothers and sisters in birth order (attach additional sheet if necessary for any item)

First Name	Sex M/F	Age	Living Yes/No	Marital Status	Rate marriage of each						Occupation
					Happy	Average	Unhappy	Separated	Divorced	Remarried	

YOUR MARITAL STATUS Single Engaged Married Separated Divorced Widow(er)

If married, spouse's name _____ Age _____ Date of current marriage _____

Rate your own marriage by checking one of the following: Happy Average Unhappy

Previous marriage(s) of yourself:

Date of marriage(s) _____ Date terminated _____ Terminated by death? _____ By divorce? _____

Previous marriage(s) of spouse:

Date of marriage(s) _____ Date terminated _____ Terminated by death? _____ By divorce? _____

FAMILY DEPENDENTS

Minor dependent children living at home (give name and age)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Minor dependent children NOT living at home (give name and age)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Child support paid, if any \$ _____ per month. Other dependents _____

YOUR SECONDARY EDUCATION

Year graduated from high school or obtained equivalency diploma _____

YOUR POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates of Attend. (mo & yr.) from to	Type of Course or Major subject	Number of college credits received	Degree received or expected	Date of Degree
College						
Seminary						
Other Schools						

YOUR AVERAGE GRADES (A+ to D-) High School _____ College _____ Seminary _____

Hobbies and what you do to relax _____

SPOUSE'S EDUCATION

Year graduated from high school or obtained equivalency diploma _____

SPOUSE'S POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates of Attend. (mo & yr.) from to	Type of Course or Major subject	Number of college credits received	Degree received or expected	Date of Degree
College						
Seminary						
Other Schools						

Is spouse working? If so, list her (his) position and income _____

SPOUSE'S SUPPORT OF YOUR MINISTRY

Spouse's religious background _____

Spouse's current church involvement _____

How do you think your spouse feels about you serving in the Florida Conference?

What do you consider to be the appropriate relation between your marriage and your career as a minister?

RELIGIOUS BACKGROUND _____

Church attended in childhood _____ Denomination _____

City/State _____ Baptized: Yes No If yes, when? _____

Church you consider to be the primary influence on you? _____

Your Church Participation (X)	Regular	Occasional	Never	Leadership Role	
Sunday Worship				Yes	No
Church School				Yes	No
Youth Fellowship				Yes	No
Choir				Yes	No
Summer Camp				Yes	No

Any changes in membership? Yes No If yes, explain _____

Any recent changes in your religious life? Yes No If yes, explain _____

To what type of ministry do you feel especially called? Check five (5) of the following areas to indicate your special calling in the ministry:

- | | | | | | |
|--|---|--|--|---|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Educator | <input type="checkbox"/> Inner City Ministry | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Parish | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Suburban Ministry | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Chaplain | <input type="checkbox"/> Pastor | <input type="checkbox"/> Rural Ministry | <input type="checkbox"/> Program Director |
| <input type="checkbox"/> Campus | <input type="checkbox"/> Preacher | <input type="checkbox"/> Social Activist | <input type="checkbox"/> Business Manager | <input type="checkbox"/> Missions | <input type="checkbox"/> Evangelist |
| <input type="checkbox"/> Health Ministries | <input type="checkbox"/> Institutional Leader | <input type="checkbox"/> Spiritual Guide | <input type="checkbox"/> Other _____ | | |

As you see yourself list three (3) of your most important strengths or outstanding traits and three (3) of your weaknesses or areas of needed growth (in order 1-2-3).

Strengths	Weaknesses/Growth Areas
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

EMPLOYMENT HISTORY

List most recent employment first. Be sure that the addresses are current. In addition to listing the business firm or agency, include your title or position and the name and title of your immediate supervisor, your salary and reason for leaving.

Employed from mo/yr to mo/yr	Name and present address of business, firm or agency	title or position	name and title of immediate supervisor	salary	reason for leaving

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes No

Branch	Service from mo/yr to mo/yr	Rank	Type of Discharge	Special Training

WORK RECORD

Have you ever been dismissed from any job? Yes No

If your answer is yes, which job(s)

Why were you dismissed?

PHYSICAL HEALTH INFORMATION

Rate your physical health: very good good average poor declining

List all important physical difficulties

Recent weight changes: lost _____ lbs., gained _____ lbs., reason _____

EMOTIONAL HEALTH INFORMATION

Rate your emotional health: excellent good fair poor

Have you ever been treated or seen by a counselor or psychiatrist? yes no

If yes, how many sessions? _____ From (date) _____ to _____

Nature of problem(s) _____

Have you ever been prescribed medication for depression, anxiety or other mental health condition? yes no

LEGAL

Have you ever been:

1. Accused of sexual harassment? yes no explain _____
2. Formally charged with sexual harassment? yes no explain _____
3. Arrested for any violation of law? yes no explain _____
4. Indicted for any violation of law? yes no explain _____
5. Convicted of any violation of law? yes no explain _____
6. A defendant in a criminal proceeding? yes no explain _____

I hereby certify that the information provided on this form is accurate.

Signed _____ Date _____