

# **2017 Clergy Information Review – MN Conference United Church of Christ**

**From the *Manual on Ministry* (MOM): All persons authorized for ministry by an Association are responsible for informing the Association of changes in their circumstances that may affect their authorization. The Association Committee on Ministry is responsible for gathering updated information on a regular and timely basis from those it has authorized for ministry” (MOM, Section 8, page 26).**

**Please complete and return by **November 15, 2017****

To return via email: Save your completed form using your LAST NAME as the document title, attach the document and email to Marita Karlisch, [maritak@uccmn.org](mailto:maritak@uccmn.org)

To return via postal mail: Print your completed form and mail to  
MN Conference UCC, Attn. Marita Karlisch,  
122 W. Franklin Ave., Suite 323, Minneapolis, MN 55404

Thank you for staying connected and serving the MN Conference United Church of Christ, acting as an Association. We appreciate your timely return of this completed form.  
Covenant Subcommittee, Committee on Ministry

## **1. CONTACT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers – with area code

Home \_\_\_\_\_ Office \_\_\_\_\_  
Cell \_\_\_\_\_

Please check box of your PREFERRED phone number.

Professional Email \_\_\_\_\_

Other Email \_\_\_\_\_

Please check box of preferred email for CONFERENCE emails.

## **2. MINISTRY STATUS**

(Please check **all** that apply and supply additional information requested.)

Ordained Ordination Date \_\_\_\_\_ Dual Standing Date Granted \_\_\_\_\_  
Licensed License Expires \_\_\_\_\_ Other Denomination \_\_\_\_\_  
Commissioned Date Granted \_\_\_\_\_ Region \_\_\_\_\_

Date completed Power & Boundaries Training \_\_\_\_\_

Please check if you need information regarding upcoming classes.

I am doing authorized ministry FULL-TIME

I am doing authorized ministry PART-TIME

I am NOT doing authorized ministry at this time.

I am on a recognized leave of absence (LOA). Date LOA began \_\_\_\_\_

I am in a recognized Time of Discernment (TOD). Date TOD began \_\_\_\_\_

I am searching for a call/position.

I am retired. Date retired \_\_\_\_\_

**3. MINISTRY SETTING** (Please check **all** that apply)

I am serving as a:

- Pastor      Co-Pastor      Associate Pastor      Faith Formation      Chaplain
- Pastoral Counselor      Spiritual Director
- Other \_\_\_\_\_

I am in a 3-way or 4-way covenant approved by the Committee on Ministry.

My 3-way or 4-way covenant application is pending for approval before the Committee on Ministry.

I need information regarding 3-way and 4-way covenants.

Local church/other setting name \_\_\_\_\_

Street address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Telephone Number \_\_\_\_\_

Office Email \_\_\_\_\_

Yes, please add this email to the Conference email list.

**4. LOCAL CHURCH MEMBERSHIP**

(Please complete this if your membership is NOT at the church at which you are serving.)

Church Name \_\_\_\_\_

Street address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**5. ECCLESIASTICAL ENDORSEMENTS** (Please check all that apply.)

I have the following Ecclesiastical Endorsements:

- Hospital Chaplain      Hospice Chaplain      Military Chaplain
- School Chaplain      Other \_\_\_\_\_

**6. BOARD CERTIFICATION**      Yes      No

By whom \_\_\_\_\_ Date \_\_\_\_\_

**7. PERIODIC SUPPORT CONSULTATION (PSC)**

Each authorized minister of the MN Conference United Church of Christ will be contacted by the Covenant subcommittee of the Committee on Ministry for a **Periodic Support Consultation every 3-5 years**. It is an opportunity for the minister to reflect on her/his current ministry regularly throughout their service in our conference. You may request to be added to the coming year's PSC schedule, instead of waiting for your name to be randomly selected.

Yes, please add my name to the coming year's PSC schedule.

**Thank you for your ministry and service in the MN Conference United Church of Christ.**

**PLEASE COMPLETE AND RETURN THIS FORM BY NOVEMBER 15, 2017.**

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Minneapolis, MN 55404-2465