

2020 Leadership Profile**Congregation:** _____**Address:** _____**SBC Id:** _____**Pastor**

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)
Associate Pastor

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)
Campus Pastor

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)
Minister of Education

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)
Minister of Music/Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)
Minister to Children

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)
Minister to Preschool

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

2020 Leadership Profile**Congregation:** _____**Address:** _____**SBC Id:** _____**Minister of Youth**

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Minister to Singles

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Minister of Recreation

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Church Secretary

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Acteens Director/Pres

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Baptist Men Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Business Administrator

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

2020 Leadership Profile

Congregation: _____

Address: _____

SBC Id: _____

Chairman of Deacons

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Challengers Director/Leader

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Children in Action

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Church Clerk

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

ACP Contact-Cong

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Church Historian

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Church Musician

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

2020 Leadership Profile**Congregation:** _____**Address:** _____**SBC Id:** _____**Church Treasurer**

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Coed Organization Director/Ldr

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

College Ministry Coordinator

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Communication/P R Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

D. T. Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

DR Volunteer

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Evangelism Council Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

2020 Leadership Profile

Congregation: _____

Address: _____

SBC Id: _____

Family Ministry Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

GA Director/Pres

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Media Library Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Media/Technical Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Mission Friends Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Mission Pastor

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Mission Dir/Leader

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

2020 Leadership Profile**Congregation:** _____**Address:** _____**SBC Id:** _____**Mission Team Ldr-Msn Dir/Chm**

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Moral & Social Committee Dir

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

myMission

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Prayer Ministry Dir/Coord.

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Prison/Jail Ministry Contact

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

RA Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

S. S. Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

2020 Leadership Profile**Congregation:** _____**Address:** _____**SBC Id:** _____**Senior Adult Ministry Leader**

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Stewardship Chairperson

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

VBS Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

W. M. U. Director

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Women on Missions

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Womens Enrichment Ministries

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Youth on Missions

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

 Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

 Cell Phone: () - Day Phone: () - Email: _____
 Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

2020 Leadership Profile

Congregation: _____

Address: _____

SBC Id: _____

Ministry Leader

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Other Ordained Ministers

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Historical-Representatives on Assoc. Exec Bd

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Historical-Messengers to Assoc.

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Historical-Pastor(s) who left this year

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Historical-Ministers Licensed this year

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____

Historical-Ministers Ordained this year

Title: _____ Name: _____

First Middle Last

Salutation: _____ Spouse: _____

Home Address: _____

City, State Zip: _____

Status: Full-time Interim Ordained: Yes Licensed: Yes
 (check one) Bi-vocational Volunteer (check one) No (check one) No
 Part-time

Cell Phone: () - Day Phone: () - Email: _____

Preferred Mailing Address: _____
 (if different from Home)

City, State Zip: _____