

Assn:_____

2025 Leadership Profile

Congregation:_____

Address:_____

SBC Id:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____

Position:_____

Title:_____Name:_____

_____FirstMiddleLast

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:_____