Assn:____

2025 Leadership Profile Congregation:

Address:							SBC ld:
Position:	Name:				Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O No
Salutation:		First	<i>Middle</i> Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:
Home Address:					(if different from Home)		
City, State Zip:					City, State Zip:		
Position:					Status: O Full-time (check one) O Bi-vocational O Part-time	○ Interim○ Volunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O No
Title:	Name:	First	Middle	Last	Cell	Day	
Salutation:			Spouse:		Phone: () - Preferred Mailing Address:	Phone: ()	- Email:
Home Address:					(if different from Home)		
City, State Zip:					City, State Zip:		
Position:					Status: O Full-time (check one) O Bi-vocational O Part-time	O InterimO Volunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O No
Title:	Name:	First	Middle	Last	Cell	Day	
Salutation:			Spouse:		Phone: () -	Phone: ()	- Email:
Home Address:					Preferred Mailing Address: (if different from Home)		
City, State Zip:					City, State Zip:		
Position:	Name:				Status: O Full-time (check one) O Bi-vocational O Part-time	InterimVolunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O No
Salutation:		First	<i>Middle</i> Spouse:	Last	Cell Phone: () -	Day Phone: ()	- Email:
Home Address:					Preferred Mailing Address: (if different from Home)		
City, State Zip:					City, State Zip:		
					Status: O Full-time	O Interim	Ordained: O Yes Licensed: O Yes
Position:					(check one) 🔾 Bi-vocational	O Volunteer	(check one) O No (check one) O No
Title:	Name:	First	Middle	Loot	• • • • • • • • • • • • • • • • • • •	-	
Salutation:			Spouse:	Last	Cell Phone: () - Preferred Mailing Address:	Day Phone: ()	- Email:
Home Address:					(if different from Home)		
City, State Zip:					City, State Zip:		
Position:					Status: O Full-time (check one) O Bi-vocational	O Interim O Volunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O No
Title:	Name:	First	Middle	Last	• Part-time	Dav	
Salutation:			Spouse:	2051	Cell Phone: () - Preferred Mailing Address:	Day Phone:())	- Email:
Home Address:					(if different from Home)		
City, State Zip:					City, State Zip:		
Position:					Status: O Full-time (check one) O Bi-vocational	O Interim O Volunteer	Ordained: O Yes Licensed: O Yes (check one) O No (check one) O No
Title:	Name:	First	Middle	Last	○ Part-time Cell	Dav	
Salutation:			Spouse:		Phone: () - Preferred Mailing Address:	Day Phone:())	- Email:
Home Address:					(if different from Home)		
City, State Zip:					City, State Zip:		