



PERSONAL DATA INVENTORY – SHORT FORM

A STANDARD FORM FOR SECURING BIOGRAPHICAL DATA DEVELOPED BY THE ADVISORY COMMITTEE ON PSYCHOLOGICAL ASSESSMENT OF THE UNITED METHODIST CHURCH – 1998 REVISION

Date: _____

Name: _____

APPLYING FOR (CHECK ONE):

- Candidacy
- Local Pastors' License
- Provisional Membership
- Elder in Full Connection
- Deacon in Full Connection
- Associate Membership
- Other: _____

PLEASE ENTER NAME OF:

- Home Church: _____
- District: _____
- Superintendent: _____
- Candidacy Mentor: _____
- Residency Mentor: _____
- Other Mentor: _____

PERSONAL DATA (If necessary to fully answer any of the questions, please use additional paper.)

Full Name _____ Male Female

Preferred Mailing Address _____

City/State/Zip _____

Preferred Email Address _____

Church/Charge Presently Serving _____ District _____

Address _____

City/State/Zip _____

Home Telephone: _____ Work/School Telephone: _____ Cell: _____

Significant Changes in your life since commissioning as a Provisional Member?

Family

Financial:

Health:

Other: