

PERSONAL DATA INVENTORY

A STANDARD FOR SECURING BIOGRAPHICAL DATA DEVELOPED BY THE ADVISORY COMMITTEE
ON PSYCHOLOGICAL ASSESSMENTS OF THE UNITED METHODIST CHURCH-2023 REVISION

Date: _____

Name: _____

APPLYING FOR (CHECK ONE):

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

PLEASE ENTER NAME OF:

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

Full Name: _____

Primary Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____ H W C

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

Date of Birth: _____ Place of Birth (City, State, Country): _____

Height: _____ Weight: _____

Ethnicity: _____

Have you emigrated from another country?: Yes No

If yes, which country? _____ Date of arrival in the US?: _____

Is English your first language? Yes No if no, what is your first language?: _____

FAMILY INFORMATION

Name of Father: _____ Age: _____ Occupation: _____

If deceased: Age of death: _____ Year: _____

If divorced: Year: _____ Remarried? Yes No Year: _____

Name of Mother: _____ Age: _____ Occupation: _____

If deceased: Age of death: _____ Year: _____

If divorced: Year: _____ Remarried? ___ Yes ___ No Year: _____

List brothers and sisters in birth order

Name	Age	Marital Status	Occupation

Your Marital Status: _____ Single _____ Engaged _____ Married _____ Widowed _____ Divorced

If married: Spouse's Name: _____ Date of Marriage _____

Previous Marriages (List All):

Yourself: Date of Marriage _____ How Terminated _____ Date Ended _____

Your Spouse: Date of Marriage _____ How Terminated _____ Date Ended _____

Name and Age of Children/and or Other Dependents Living with You:

Name:	Name:	Name:	Name:	Name:	Name:
Age:	Age:	Age:	Age:	Age:	Age:

Name and Age of Children/and or Other Dependents Not Living with You:

Name:	Name:	Name:	Name:	Name:	Name:
Age:	Age:	Age:	Age:	Age:	Age:

If married, indicate your spouse's support of your ministry:

Spouse's religious background: _____

Spouse's current church involvement: _____

How do you think your spouse feels about your becoming a minister?

What do you consider to be the appropriate relationship between your marriage and your potential career as a minister?

SPOUSE'S EDUCATION AND EMPLOYMENT (If applicable)

Year graduated from High School _____ Highest Level of Education _____

Is your spouse working? ____ Yes ____ No

If working: Spouse's position _____ Spouse's income: _____

EDUCATIONAL BACKGROUND

Educational Level	Name of School	Dates Attended	Degree or Credit	Grade Average
High School				
College				
Seminary				
Graduate School				

RELIGIOUS BACKGROUND

Church Attended in Childhood: _____ Denomination: _____

Size & Type of church: _____ City/State: _____

When & Where Baptized: _____

Church you consider to be the primary influence on you: _____

CHURCH PARTICIPATION DURING CHILDHOOD AND ADOLESCENCE

Activity	How Often?	Types of Leadership Roles
Sunday Worship		
Church School		
Youth Fellowship		
Choir, Music		
Camps		
Conferences		

Any changes in your church membership? If yes, describe

Describe briefly your most significant religious experience(s)

1.

2.

3.

Have you served in The United Methodist Church or in another denomination? ____ Yes ____ No

If yes, name the Annual Conference or Denomination: _____

If yes, describe previous ministry and how and why it ended.

Have you applied for, or participated in, the Candidacy process previously? If yes, describe the outcome and reasons

Name of previous supervising pastor and conference: _____

In what local church are you currently active? _____

What is your current involvement in your home or local church, i.e., leadership position, church activities?

EMPLOYMENT HISTORY (Please list your most recent experience first)

Date From-To	Employer	Title/Position	Supervisor	Salary	Reason for Leaving

Have you ever been dismissed from any job? ____ Yes ____ No

If yes, what job? Explain:

MILITARY HISTORY

Were you on active duty? ____ Yes ____ No

Branch	Service Dates	Rank	Specialty	Special Honors

Have you been court-martialed or received other disciplinary action(Article XV)? ____ Yes ____ No

If yes, give type and details:

Type of discharge _____

Are you currently in the Reserves or the National Guard? ____ Yes ____ No

LEGAL

Have you ever been:

Accused of sexual harassment? ____ Yes ____ No

If yes, explain

Have you been:

Formally charged with sexual harassment? Yes No

If yes, explain

Arrested for any violation of the law? Yes No

If yes, explain

Indicted for any violation of the law? Yes No

if yes, explain

Convicted if any violation of the law? Yes No

If yes, explain

A defendant in a criminal proceeding? Yes No

If yes, explain

COMMUNITY INVOLVEMENT

List your involvement in activities beyond your local church, such as community work, district and conference work, church camps, workshops, and/or special outreach projects.

MINISTRY INTEREST

What experience(s) led you to consider entering the ministry?

Who are the people you have talked to about entering ministry and how did they influence you?

If transferring from another denomination, why are you interested in the United Methodist Church?

Of the following areas, mark the five that most indicate your special calling in ministry

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Family Ministry | <input type="checkbox"/> Spiritual Guide | <input type="checkbox"/> Inner City Ministry | <input type="checkbox"/> Music |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Counselor | <input type="checkbox"/> Suburban Ministry | <input type="checkbox"/> Parish |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Pastor | <input type="checkbox"/> Rural Ministry | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Adult Ministry | <input type="checkbox"/> Preacher | <input type="checkbox"/> Business Manager | <input type="checkbox"/> Campus |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Evangelist | <input type="checkbox"/> Health Ministry | <input type="checkbox"/> Missions |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Social Activist | <input type="checkbox"/> Institutional Leader | <input type="checkbox"/> Other |

HEALTH INFORMATION

Rate Your Physical Health:

- Very Good Good Average Poor Declining

Do you have a medical condition or physical disability? Yes No

If yes, please describe:

EMOTIONAL HEALTH

Rate your emotional health Very Good Average Below Average

Have you been treated or seen by a counselor or psychiatrist? Yes No

If yes, how many sessions? From _____ to _____

If yes, explain nature of the problem(s)

Have you ever been prescribed medication for depression, anxiety or other mental health condition(s)?