#### Ministry Assessments 2801 Buford Highway, Suite 503 Brookhaven, Georgia 30329 (404) 414-1465

# PERSONAL INFORMATION QUESTIONNAIRE CANDIDATES FOR MINISTRY

Please print in ink or type. Complete all items fully and with detail.

Name	DO	В	_Age	Sex
Address		City		
StateZip	Code	Email:_		
Phone (Home)	_Other Phon	e (specify)		
Place of Birth	Seminary_			
Religious Regional Affiliation(Presbyter	ry, Diocese, S	ynod or oth	ner)	
Address of Regional Affiliation				
Person that you answer to and their title:	:			
Marital Status: Single Married	_ Date of Ma	rriage		
SeparatedDivorcedWidowe	dSS#			
YOUR FAMILY:				
Name of Spouse		Level of E	ducation	
Employment of Spouse				
Number of Children: Males				
Names and Ages				
Females				
Names and Ages				

### **FAMILY OF ORIGIN:**

Father's Name:	Level of Education			
Occupation				
LivingDeceased	Cause of Death		_Date of Death	
Marital Status	If remarried, name of	of Spouse		
Place of Residence				
Mother's Name:		_Level of Educ	ation	
Occupation				
LivingDeceasedCause of Death		Date of Death		
Marital Status	If remarried, name of	of Spouse		
Place of Residence				
List Siblings:				
Name Age S	pouse # Children	Occupation	Residence	

Briefly describe your experience growing up in your family (such as your relationship with your parents, siblings, other family members and memories):

*Give adjectiv	es to describe your <u>father's</u> character, personality and role in your family:
Ways I am like	e my father:
Ways I am diff	ferent than my father:
*Give adjectiv	es to describe your mother's character, personality and role in the family:
Ways I am like	e my mother:
Ways I am diff	ferent than my mother:
YOUR EDUC	SATION:
College/Unive	rsity/Seminary Location Major Date of Graduation Degree
	ntly enrolled in seminary? Status: GPA
•	te College subjects:
Indicate favori	te Seminary subjects:
List extracurric	cular activities and offices you held:
<u>Activity</u>	<u>College/Seminary</u> <u>Years of Participation</u> <u>Of much or little value?</u>

WORK EXPERIE	NCE:			
List in chronologica	l order all your wo	rk experiences:		
_		r		
<u>Employer</u>	<u>Position</u>	<u>Years</u>	Nature of work	<u>Value</u>
YOUR INTEREST	'S AND HOBBIE	<u>S:</u>		
<b>YOUR HEALTH:</b>				
DI 1' .	.,, . 1 . 11.	***		. 1
Please list any prese medications.	nt/past physical lir	nitations, condition	ons, treatments, progno	sis and
medications.				
Date of last physical	:			
II				£1
•				
counsers, social wa	The or pustors 11		ours or norp und no was	-P-wii
Have you suffered fr	rom anv alcohol or	drug issues? Lis	st dates and treatments.	
j 2 5 5 5 5 1 5 5 1 5 5 5 5 5 5 5 5 5 5 5	J OI	2.6 -2.2 -2.2 - 2.10		
Have your ever beer	subject to emotio	nal, sexual or phy	vsical abuses? Briefly o	lescribe
Have you ever receive counselor, social wo	ved emotional supporter or pastor? Planter or pastor? Planter or pastor? Planter or pastor?	ease list dates, na	om a psychiatrist or proture of help and how he at dates and treatments.	elpful.

Honors Received during education:

## **YOUR PERSONAL STRENGTHS AND GROWING EDGES:**

List your personal strengths and attributes.
List your growing edges or areas that you would like to cultivate.
YOUR CALL TO MINISTRY:
Please send your call to ministry and faith journey statement in a Microsoft Word format to: ( <a href="mailto:gwrinker@BellSouth.net">gwrinker@BellSouth.net</a> ) Send before your scheduled meeting with the counselor.
I feel called to what type of ministry? (Parish Minister, Professor College/Seminary, Pastoral Counselor, other) Describe your ministry and desired position.
Who do you feel called to serve? (Adults, children, teens, special groups)
List specific areas of ministry that interest you? (Preaching, Teaching, Pastoral Care, Evangelism, Mission/Outreach, Christian Education, Prophetic,)
Where would you like to serve? (Area of country, foreign)
Are you interested in para-church organizations or other non-profits? Explain.
With who or where have you received the most encouragement in your calling?

SENTENCE COMPLETION

Complete each item with whatever comes to mind. There are no right or wrong answers.

1.	I sometimes need:
2.	As an adolescent:
3.	My father:
4.	Most people:
5.	My plans are:
6.	People of my age:
7.	I often wish:
8.	My mother:
9.	Praise makes me:
10.	To avoid trouble:
11.	Being open with others:
12.	Others could understand me better if:
13.	I show stubbornness:
14.	My hardest decision:
15.	Others would describe me as: