AMERICAN BAPTIST CHURCHES OF INDIANA / KENTUCKY FOR PROFESSIONAL CHURCH LEADERS

Please complete the information below to help us maintain historical records for our churches; to assist us in ministering to and with you and your church; and help us keep ministries throughout our Region connected with one another.

	TODAY'S DATE (mm/dd/yyyy): DATE started in <i>current</i> position (mm/dd/yyyy):													
TODAY'S DATE (mm/d				DAT	E started in <i>cu</i>	rrent p	ositio	n (mm	/dd/yyyy):					
Title:	First Nam	ie:			Mi	ddle Initial:	Last Name:							
Suffix:	Preferred	Name:					Date	of Bi	rth (m	m/dd/yyyy):			
Marital Status (circle one	S M	D A	W	Spou	e:									
Home Address:					City:						Zip:			
Email Address:					Spouse Email	Addre	ess:							
Cell Phone: ()	-	Unlis	ted:	Y	N	Home Phone	e: ()	-		Unliste	d:	Y	N
Ministry Title (circle one below) Note: Bi-vocational means salary + housing = under \$35,000 annually; that title is no indication of time served (PT/FT)														
Bi-vocational Pastor - FT or PT Pastor - FT or PT Interim Pastor - FT or PT Associate Pastor- FT or PT Youth Pastor- FT or PT														
Leadership Status (circle	Ordained by Local Church standards Ordained by Local ASSOC standards													
*ABC ordinations and "Ordination														
recognized by ABC" are designations earned through a formal process at the									nal					
Region Level; It is not an automatic designation due to ABC relationship. ABC Ordination Ordination recognized by ABC By Formal Process* Other Denomination Ordination Which Denomination?													tion	
IF YOU HAVE BEEN	WHEN CHUR			CH N	AME	CHUR			HURCH	CH CITY & ZIP				
Ordained														
Certified as a Lay Leade														
Commissioned														
Licensed														
Ordination recognized by A			Which	ABC	Region Minist				1					
If you have retired from mi			Interes	terested in serving in our Interim / Supply Ministries?								о В	Both	
Education (circle one): Finished before MDIV Student working towards MDIV Earned MDIV Doctorate														
Institutions, degrees earned & year each earned:														
Continuing Education:														
Current Church Name:							Church Ave			Sunday A	Attendan	ce:		
Church Office Phone: () -							Church Fax: () -							
Church Location Address						City& Zip:								
Church Mailing Address						City &	& Zip:							
If mailing address to son	ne:													
Church Website:					Chu	rch Email:			_			-		
Please Return To: A Questions Contact: J											-	is, IN	4620	12