

2022/2023 Cooperating Church – Annual Clerk Report

CURRENT PROFESSIONAL STAFF (Please copy this form as necessary to include all professional ministry staff)

Professional Staff are considered to be those individuals who are "**paid pastoral ministry staff**", are members of an American Baptist Church, and serve in an American Baptist related ministry. Please enter the requested information for individuals **currently** holding professional staff positions in your church. Use Page 3 to record other members of your church staff along with Lay Leaders in your church.

***Important notes regarding PROFESSIONAL STATUS:** Leadership information gathered here is shared with the Professional Registry office of the Ministerial Leadership Commission, and becomes part of the ABC Church Leadership Directory. An individual's Professional Status helps determine if they are included in the Professional Registry. The recognized Professional Status levels are limited to the following: ABC Ordination (meets national standards for ordination), Ordination Recognized (completed Region Recognized Program to have local or other denominational ordination recognized by ABC), Ordained by ABC Region standards, Ordained by ABC Association standards, Ordained by Local ABC Church Standards, Other Denomination Ordination, Commissioned, Certified Lay Minister, Licensed by the local church, and Lay Professional. *Please only use these designations when specifying a Professional Status level for the individuals below.*

****Requires a Professional Status to be recorded. See above information regarding Professional Status**

FULL NAME: _____ Position: _____ Start Date: _____ Home Address: _____ _____ E-Mail Address: _____ Phone Number: _____ - _____ - _____ Cell Home Work Birth Date: ____/____/_____ *Professional Status: _____ **Licensed Date ____/____/_____ **Ordination Date: ____/____/_____ Spouse Name: _____	FULL NAME: _____ Position: _____ Start Date: _____ Home Address: _____ _____ E-Mail Address: _____ Phone Number: _____ - _____ - _____ Cell Home Work Birth Date: ____/____/_____ *Professional Status: _____ **Licensed Date ____/____/_____ **Ordination Date: ____/____/_____ Spouse Name: _____
FULL NAME: _____ Position: _____ Start Date: _____ Home Address: _____ _____ E-Mail Address: _____ Phone Number: _____ - _____ - _____ Cell Home Work Birth Date: ____/____/_____ *Professional Status: _____ **Licensed Date ____/____/_____ **Ordination Date: ____/____/_____ **Ord. Recognized Date: ____/____/_____ Spouse Name: _____	FULL NAME: _____ Position: _____ Start Date: _____ Home Address: _____ _____ E-Mail Address: _____ Phone Number: _____ - _____ - _____ Cell Home Work Birth Date: ____/____/_____ *Professional Status: _____ **Licensed Date ____/____/_____ **Ordination Date: ____/____/_____ **Ord. Recognized Date: ____/____/_____ Spouse Name: _____