



Date: _____

PASTOR INFORMATION FORM

Please fill in the following information

GENERAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Office Phone: (_____) _____

E-mail: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Remarried ☐ Widowed

Spouse's Name: _____ Date of Birth: _____ Date of Marriage: _____

Spouse's specialized training: _____

Do you expect your spouse to work outside the home? ☐ Yes ☐ No

Children:	Names	Ages	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Dependents: _____

Health considerations for you or your family you wish the congregation to be aware of:



EDUCATION:

College: _____

Degree: _____ Date of Graduation: _____

Major: _____ Minor: _____

Seminary: _____

Degree: _____ Date of Graduation: _____

Major: _____ Minor: _____

Other Graduate Study: _____

Continuing Education: (*workshops, seminars, etc.*) _____

Specialized Training: _____

PASTORAL ACTIVITIES:

On a scale of 1 to 10, evaluate the characteristics in a pastor that you are seeking. Mark a 10 for the areas of greatest strength and write 1 for the area of least ability.

_____ Preaching	_____ Teaching	_____ Evangelism	_____ Discipleship
_____ Worship leading	_____ Administration	_____ Counseling	_____ Missions
_____ Lay ministry	_____ Small groups	_____ Christian Ed	_____ Visitation
_____ Youth work	_____ College & Career	_____ Seniors	_____ Singles
_____ Families	_____ Children	_____ Church Growth	_____ Leadership Development



PROFESSIONAL INFORMATION:

Present Position:

- | | |
|--|--|
| <input type="checkbox"/> Senior Pastor | <input type="checkbox"/> Associate Pastor |
| <input type="checkbox"/> Youth Pastor | <input type="checkbox"/> Director of Christian Education |
| <input type="checkbox"/> Other: (please specify) | <input type="checkbox"/> Assistant Pastor |

Church or Institution of Present Position:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Website: _____

E-mail: _____

PROFESSIONAL INFORMATION:

Of what church(es) are you a member? _____

Date of Ordination: _____

Church or denomination ordained by? _____

Date of License: *(if not ordained)* _____

Church or denomination licensed by? _____

Where is your present ministerial standing? _____

Have you attended a CCCC Annual Gathering? ☐ Yes ☐ No



MINISTRY EXPERIENCE: *List the last four positions only.*

Please include: position/title, church name, address, phone; size; dates of tenure; full/part-time; reason for leaving

1. _____

2. _____

3. _____

4. _____

In present/most recent ministry position what is the church's:

a. Membership: _____ b. Sunday School attendance _____

c. Average attendance: _____ d. Total budget: _____

MINISTRY EXPERIENCE: *cont.*

_____ Senior pastor _____ Minister of Visitation _____ Minister of Counseling _____ Solo Pastor
_____ Minister of Evangelism _____ Youth minister _____ Assistant Pastor _____ Minister of Music/Worship
_____ Military Chaplain _____ Minister of Missions _____ Institutional Chaplain _____ Parachurch Ministry
_____ Minister of Christian Ed
_____ Other: (please specify): _____
_____ TOTAL YEARS of Pastoral Experience

Other work experience contributing to effective ministry:

What activities are you involved in beyond the local church?



THEOLOGICAL INFORMATION:

1. Check the Evangelical sub-group that describes you: *(Check all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Fundamentalist | <input type="checkbox"/> Dispensational | <input type="checkbox"/> Conservative Evangelical |
| <input type="checkbox"/> Reformed | <input type="checkbox"/> Wesleyan | <input type="checkbox"/> Progressive Evangelical |
| <input type="checkbox"/> Charismatic | <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Main-line Evangelical |

2. Check your Baptismal practices:

- ☐
- Believer's Baptism
- ☐
- Immersion
- ☐
- Infant Baptism
- ☐
- Sprinkle/Pour

3. Check your view of the Charismatic/Pentecostal movement:

- ☐
- Opposed
- ☐
- Neutral
- ☐
- Agree with
- ☐
- Endorse

4. Check your view of women serving as Church Elders or Pastors:

- ☐
- Approve
- ☐
- Oppose

5. Which word(s) best describe your style of worship:

- ☐
- Liturgical
- ☐
- Traditional
- ☐
- Contemporary
- ☐
- Blended

6. Which translation of the Bible do you use most often:

REFERENCES: *(Please list five references)*

1. _____
2. _____
3. _____
4. _____
5. _____

NOTE: Please treat this Pastor Information Form with strict confidentiality as it may contain PII (Personal Identifiable Information). Cypress Chapel Congregational Christian Church expects all recipients of the information on this form to preserve its contents with the strictest of confidentiality. This form and its information are only to be subject to the discretion of the Pastoral Search Committee, Board of deacons, and Trustees.

NOTE: This from and its information will only be retained for the length of the hiring process and then destroyed in such a fashion as to retain the integrity of the individuals PII (Personal Identifiable Information.).