

An Introduction to the Career Development Process

There will be several questionnaires that you will be asked to complete before coming to the Center. Some are somewhat lengthy and require some thought on your part. While we recognize that time is at a premium for all of us, we ask that you give prayerful consideration to the questions and provide as much information as possible. We want to get to know you and help your ministry committee get to know you as well through the report that will be written. This is one of your first steps in the candidacy process.

You will not come to us simply "for testing." We seek to engage you in understanding your career development process. Career development is a lifelong process involving a continuous search for ways of acting on your understanding of your gifts and what you have to offer. It is a process which is best when it is dynamic—responsive to growth, to deepening values, and to changing life perspectives and circumstances.

In one sense, a candidate program for someone considering a church-related vocation is no different from a career development program at any other point in life. It is an opportunity to take a current and comprehensive look at who you uniquely are: your interests, competencies, indications of potential, values, needs, and wishes. Further, it is an opportunity to plan how you will act on that understanding of yourself in the context of the needs and other realities of the church and the world it serves. This candidate program is designed specifically to help you look carefully at yourself. It is an opportunity for you to be yourself and to engage in self-exploration, using the time as one for learning or confirmation of your gifts, strengths, growing edges, dreams and desires.

Pages 1 – 4 of the following form provide information required by the Board of Ordained Ministry and a copy of those pages will be attached to the report to the BOM. Pages 5 – 7 are for the counselor's use. All of the information you provide will help the counselor get to know you and to stimulate your own reflection and self-understanding. There are, of course, no wrong or right responses or particular responses we are looking for. In most instances a report will be written summarizing your career outlook. It will include indications of your strengths, promising directions, priorities, and limitations.

Please write legibly or use a typewriter or word processor if possible. If you need more space, attach additional sheets. If you use a word processor, please maintain the outline of the personal data form and include the questions as you type.

We look forward to our time together.

Please return the completed form to:

Ministry Development Services
P.O. Box 2634
Indian Trail, NC 28079-2634
mdvs@ministryds.org

PERSONAL DATA INVENTORY

A standard form for securing biographical data developed by the ADVISORY COMMITTEE ON
PSYCHOLOGICAL ASSESSMENT of THE UNITED METHODIST CHURCH -- Revised

DATE _____

APPLYING FOR (check one)

- Candidacy Certification
- Probation for Deacon
- Ordination as deacon
- Probation for Elder
- Ordination for Elder
- Local Pastor's License
- Other _____

PLEASE ENTER NAME OF

CONFERENCE _____
 DISTRICT _____
 SUPERVISING MENTOR _____
 LOCAL CHURCH _____

PERSONAL DATA

Full name _____ City/State of Birth: _____
 Home Address _____ City _____ St _____ Zip _____
 Home phone _____ Office phone _____ Cell phone _____
 Email address _____
 School or Work Address _____
 Have you emigrated from another country? Name _____ Date you arrived _____
 Number of years in the US _____

PHYSICAL DESCRIPTION

Sex _____ Date of Birth _____ Age _____ Height _____ Weight _____ Ethnic Background _____ Race _____
 Name of father _____ Name of Mother _____
 Address _____ Address _____
 Occupation _____ Occupation _____
 If living: Age _____ If living: Age _____
 If deceased: Age at death _____ Yr of death _____ If deceased: Age at death _____ Yr of death _____
 If retired or deceased, list previous occupation _____ If retired or deceased, list previous occupation _____

FAMILY OF ORIGIN

Rate parent's marriage: Happy Average Unhappy Separated Divorced Widow(er)

Brothers and sisters in birth order (attach additional sheet if necessary for any item)

First Name	Sex M.F.	Age	Living Yes/No	Marital Status	Rate marriage of each						Occupation
					Happy	Average	Unhappy	Separated	Divorced	Remarried	

YOUR MARITAL STATUS Single Engaged Married Separated Divorced Widow(er)

If married, spouse's full name _____ Age _____

Date of current marriage _____

Rate your own marriage by checking one of the following: Happy Average Unhappy

Previous marriage(s) of yourself:

Date of marriage(s) _____ Date(s) terminated _____
 Terminated by death? _____ By divorce? _____

Previous marriage(s) of your spouse:

Date of marriage(s) _____ Date(s) terminated _____
 Terminated by death? _____ By divorce? _____

FAMILY DEPENDENTS

Minor dependent children living at home (give full name and date of birth – Attach extra sheet if necessary)

1 _____ 2 _____ 3 _____

Minor children NOT living with you (give full name and date of birth – Attach extra sheet if necessary)

1 _____ 2 _____ 3 _____

Child support paid, if any \$ _____ per month. Other dependents: 1 _____ 2 _____

Adult children (give full name and date of birth – Attach extra sheet if necessary)

1 _____ 2 _____ 3 _____

YOUR SECONDARY EDUCATION

Year graduated from high school or obtained equivalency diploma: _____ High school name/city/state: _____

YOUR POST SECONDARY EDUCATION (Attach additional sheets if necessary)

Type of School	Name of School and Location	Dates of Attend, (mo. & Yr.) from to	Type of Course or major subject	Number of college credits received	Degree received or expected	Date of degree
College						
Seminary						
Other Schools						

YOUR AVERAGE GRADES (A+ TO D+) HIGH SCHOOL _____ COLLEGE _____ SEMINARY _____

Hobbies and what you do to relax _____

SPOUSE'S EDUCATION

Year graduated from high school or obtained equivalency diploma _____

SPOUSE'S POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates of Attend, (mo. & Yr.) from to	Type of Course or major subject	Number of college credits received	Degree received or expected	Date of degree
College						
Seminary						
Other Schools						

SPOUSE'S SUPPORT OF YOUR MINISTRY

Spouse's religious background _____

Spouse's church involvement _____

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

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

TO BE COMPLETED BY SPOUSE It will be more helpful for the candidate's spouse to answer the following:

How do you feel about your spouse entering the ministry? _____

Concerns you have about your spouse's decision to enter the ministry? _____

Answered by candidate _____ candidate's spouse _____ Signed _____

RELIGIOUS BACKGROUND

Church attended in childhood _____ Denomination _____
 City/State _____ Baptized Yes ___ No ___ if yes, when? _____
 When was your first involvement with the UMC? Year: _____ Your age at that time: _____
 Church you consider to be the primary influence on you? _____

Your Church Participation (X)	Regular	Occasional	Never	Leadership Role	
Sunday Worship				Yes	No
Church School				Yes	No
Youth Fellowship				Yes	No
Choir				Yes	No
Summer Camp				Yes	No

Any changes in membership? Yes ___ No ___ If yes, explain _____

Any recent changes in your religious life? Yes ___ No ___ If yes, Explain _____

YOUR INTEREST IN CAREER OF MINISTRY

Why are you interested in applying for Candidacy in the United Methodist Church? _____

What experience(s) led you to seek a career in ministry? _____

Who are the people you talked to about your career plans and how they influenced you? _____

List other careers you have considered and check the appropriate box to indicate how they appeal to you now.

Other Careers	Still thinking about it	Can use it in my ministry	Have rejected it	Considered it as a hobby

To what type of ministry do you feel especially called? Check five (5) of the following areas to indicate your special calling in ministry:

- | | | | |
|---|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Christian education | <input type="checkbox"/> Music | <input type="checkbox"/> Educator | <input type="checkbox"/> Inner City Ministry |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Parish | <input type="checkbox"/> Counselor | <input type="checkbox"/> Suburban Ministry |
| <input type="checkbox"/> Program director | <input type="checkbox"/> Chaplain | <input type="checkbox"/> Pastor | <input type="checkbox"/> Rural ministry |
| <input type="checkbox"/> Business manager | <input type="checkbox"/> Campus | <input type="checkbox"/> Preacher | <input type="checkbox"/> Social Activist |
| <input type="checkbox"/> Health Ministries | <input type="checkbox"/> Missions | <input type="checkbox"/> Evangelist | <input type="checkbox"/> Spiritual guide |
| <input type="checkbox"/> Institutional Leader | <input type="checkbox"/> Other _____ | | |

What are your educational plans for reaching your goal of a career in this type of ministry? _____

INFORMATION ABOUT YOUR PERSONAL LIFE (use additional sheet to complete answer)

Describe briefly your most significant religious experience(s) and tell why they were meaningful to you _____

As you see yourself list three (3) of your most important strengths or outstanding traits and three (3) of your weaknesses or areas of needed growth (in order 1-2-3).

Strengths	Weaknesses/Growth Areas
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____

EMPLOYMENT HISTORY

List most recent employment first. Be sure that the addresses are current. In addition to listing the business firm or agency, include your title or position and the name and title of your immediate supervisor, your salary and reason for leaving. (Attach additional sheets, if necessary.)

Employed from to mo/yr - mo/yr	Name and present address of business, firm or agency	title or position	name and title of immediate supervisor	salary	reason for leaving

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes No

Branch	Service From To	Rank	Type of Discharge	Special Training

WORK RECORD

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

If your answer is yes, which job(s) _____

Why were you dismissed? _____

LEGAL

Have you ever been:

- 1. Accused of sexual harassment? ___ yes ___ no - explain _____
- 2. Formally charged with sexual harassment? ___ yes ___ no - explain _____
- 3. Arrested for any violation of law? ___ yes ___ no - explain _____
- 4. Indicated for any violation of law? ___ yes ___ no - explain _____
- 5. Convicted of any violation of law? ___ yes ___ no - explain _____
- 6. Defendant in a criminal proceeding? ___ yes ___ no - explain _____

PHYSICAL HEALTH INFORMATION

Rate your physical health----- ___ very good ___ good ___ average ___ poor ___ declining

List all important physical difficulties _____

Do you have a physical condition that makes it difficult or impossible for you to climb stairs? ___ Yes ___ No

Recent weight changes: lost _____ lbs. Gained _____ lbs. reason _____

EMOTIONAL HEALTH INFORMATION

Rate your emotional health----- ___ excellent ___ good ___ fair ___ poor

Have you ever been treated or seen by a counselor or psychiatrist? ___ yes ___ no

If yes, how many sessions? _____ from (date) _____ to _____

Nature of problem (s) _____

Have you been prescribed medication for depression, anxiety or other mental health condition? ___ yes ___ no

I hereby certify that the information provided on this form is accurate.

Signed _____ date _____

I. FAMILY HEALTH HISTORY:

	<u>Age</u>	<u>Living Health</u>	<u>Deceased Age at Death</u>	<u>Cause of Death</u>
Father	—	—	—	—
Mother	—	—	—	—
Brothers (B) and Sisters (S)	—	—	—	—
	—	—	—	—

If there is a family history of any of the following, please indicate how that person is related to you.

	<u>Relationship</u>		<u>Relationship</u>
Cancer	—	High Blood Pressure	—
Diabetes	—	Heart Disease	—
Kidney Disease	—		

II. YOUR HEALTH HISTORY:

V. Operations, hospitalizations (type and date) _____

2. Other illnesses (nature and date) _____

3. Have you consulted a physician within the past five years? If so, when and for what reason?

4. Have you ever consulted a psychiatrist, psychologist, or counselor? If so, when and for what reason?

III. YOUR PERSONAL HEALTH HABITS:

1. Exercise and recreation (indicate frequency) _____

2. Current Medications _____

3. Do you smoke? No _____. Yes _____. Amount _____

4. Do you drink alcoholic beverages? No _____. Yes _____. Amount _____

5. Do you have any of the following symptoms regularly or severely enough to cause you concern?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Chest Pain	—	—	Abdominal Pain	—	—
Shortness of Breath	—	—	Nausea or Vomiting	—	—
Ankle Swelling	—	—	Diarrhea or Constipation	—	—
Rapid or Irregular Heart Beat	—	—	Nervousness	—	—
Dizziness	—	—	Headaches	—	—
Fainting spells	—	—	Difficulty Concentrating	—	—
Cough productive of Phlegm	—	—	Allergies	—	—
Cough productive of Blood	—	—	Sexual Concerns	—	—
Frequent Urination	—	—	Other health worries	—	—
Painful Urination	—	—	Mental Illness	—	—

IV. WOMEN ONLY

1. Menstrual history _____
2. Number of pregnancies _____
3. Number of living children _____
4. Age at menopause _____

V. ADDITIONAL COMMENTS/Clarification of Health History:

Your Faith Development

- Describe your earliest memory of a religious/spiritual experience or belief.
 -

- How would you describe your present relationship with God? In what way does your relationship with God influence your daily life?
 -

- What personal spiritual disciplines do you practice on a regular basis?
 -

- What religious idea or concept is most important to you now?
 -

- How does your practice of ministry or church involvement fulfill your personal and/or spiritual needs?
 -

Your Call

- What occupation (s) did your parents encourage you to follow?
 -

- What other occupations did you consider?
 -

- What does called to ministry mean to you?
 -

- Describe your call to ministry. How do you know that you are called to ministry as a vocation rather than as a volunteer?
 -

- What is your vision of yourself in ministry? What role in ministry do you believe you are called to and why?
 -

- What skills or attributes which you believe will be important to you do you think you are lacking and would like to develop?

- What feedback have you received from supervisors, employers, and/or peers about your strengths and weaknesses?

Your Leadership Style

- Describe your leadership style.

- When has this style worked well for you as a leader?

- When has it not worked well for you?

- When you encounter conflict with another person, how are you likely to respond?

SUMMARY

- What is the most important lesson you have learned to date?

- What are you hoping for in the career development program experience? What issues not previously mentioned would you like to work on in the experience?