

PERSONAL DATA INVENTORY (revised on 7/12/2010)

A standard for securing biographical data developed for the ADVISORY COMMITTEE ON
PSYCHOLOGICAL ASSESSMENT of THE UNITED METHODIST CHURCH – 1993 Revision

APPLYING FOR (check one) DATE _____

- Diaconal Candidacy _____
- Diaconal Consecration _____
- Ordained Candidacy _____
- Local Pastors License _____
- Associate Membership _____
- Probationary Membership _____
- Full Connection _____
- Other _____

**Failure to answer completely
all of the questions may make
it necessary to telephone you
“collect” to secure the needed
information.**

PLEASE ENTER NAME OF:
CONFERENCE _____
DISTRICT _____
SUPERINTENDENT _____
SUPERVISING PASTOR _____
COUNSELING ELDER _____
SUPERVISING MENTOR _____

PERSONAL DATA

Full Name _____ Home Address _____
City _____ State _____ Zip Code _____ Home Phone _____
School or work Address _____
Social Security Number _____ - _____ - _____ Office Phone _____

PHYSICAL DESCRIPTION

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

FAMILY OF ORIGIN

Rate Parents Marriage

Happy	Average	Unhappy	Separated	Divorced	Remarried
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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 name _____ Age _____
Date of current marriage _____

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

Previous marriages of yourself: Date of marriage(s) _____ Date terminated _____
Terminated by death? _____ By divorce? _____
Previous marriage of spouse: Date of marriage(s) _____ Date terminated _____
Terminated by death? _____ By divorce? _____

FAMILY DEPENDENTS

Minor dependent children living at home (Give name and age)

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

Children not living at home and married status of each: Other dependents:

YOUR ELEMENTARY AND SECONDARY EDUCATION

Type of School	Name of School and Location	Date to Attend (month & year) From To	Day Or Night	Full or Part-time	No. of Years Credited	Were you graduated?
Elementary or grade						
High School						

If you have a High School Equivalency Diploma, give number and year of issue: _____

YOUR POST SECONDARY EDUCATION

Type of School	Name of School And Location	Date of Attend (month & year) From To	Type of Course or Major Subject	Number of College Credits Received	Degree Received Or Expected	Date Of Degree
Business School						
College						
Seminary						
Other Schools						

YOUR AVERAGE GRADES (A+ to D-) High School _____ College _____ Seminary _____

EXTRA CURRICULAR ACTIVITIES: (List sports, glee clubs, orchestra, speaking, social, hobbies, etc.)

SPOUSE'S EDUCATION

Type of School	Name of School and Location	Date to Attend (month & year) From To	Day Or Night	Full or Part-time	No. of Years Credited	Were you graduated?
Elementary or grade						
High School						

Type of School	Name of School And Location	Date of Attend (month & year) From To	Type of Course or Major Subject	Number of College Credits Received	Degree Received Or Expected	Date Of Degree
Business School						
College						
Seminary						
Other Schools						

Is spouse working? _____ If so, list her (his) position and income _____

SPOUSE'S SUPPORT OF YOUR MINISTRY

Spouse's religious background _____

Spouse's current church involvement _____

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

What do you consider to be the appropriate relation between 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 _____ Demonination _____

City _____ State _____

Baptized: Yes _____ No _____ If yes, when? _____

Your Church Participation (X)	Regular	Occasional	Never	Leadership Role	
Sunday School				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	Consider 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 the ministry:

- | | | | |
|---------------------------|----------------------------|-----------------------|---------------------------|
| Christian Education _____ | Music _____ | Educator _____ | Inner City Ministry _____ |
| Youth Ministry _____ | Parish _____ | Counselor _____ | Suburban Ministry _____ |
| Program Director _____ | Chaplain _____ | Pastor _____ | Rural Ministry _____ |
| Business Manager _____ | Campus _____ | Preacher _____ | Social Activist _____ |
| Health Ministries _____ | Missions _____ | Evangelist _____ | Other _____ |
| | Institutional Leader _____ | Spiritual Guide _____ | |

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

Describe a person you know (name not necessary) whom you consider to be an outstanding example of Christian life _____

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

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

EMPLOYMENT HISTORY

Give most recent experience first. Be sure that the addresses are correct. Use one line for each position. If the firm for which you worked is out of business, indicate to whom we may write to verify your service.

Employed From Mo. Yr.	To Mo. Yr.	Name & present address of Business Firm or Agency	Title Or Position	Name & Title of Immediate Supervision	Salary	Reason For leaving

Have you ever been dismissed from any job, except for lack of work? Yes ____ No ____

If your answer is yes, which job? _____

For what reason? _____

MILITARY SERVICE RECORD

Were you on active duty in the military? Yes ____ No ____

Branch	Service Dates From To	Rank	Type of Discharge	Special Training

Ever court marshaled? If so give type and details _____

HEALTH INFORMATION

Rate your physical health: Very Good ____ Good ____ Average ____ Poor ____ Declining ____

Weight changes recently: lbs lost ____ during past ____ months. Reason for loss: _____

lbs gained ____ during past ____ months. Reason for gain _____

List all important physical difficulties: _____

Date of last medical examination ____ Report _____

Your physician _____ Address _____

Rate your emotional health. Excellent ____ Good ____ Fair ____ Poor ____

Have you ever had a: 1) "nervous breakdown"? Yes ____ No ____ 2) severe emotional upsets? Yes ____ No ____

Have you ever had a sexual experience that was frightening or traumatic? Yes ____ No ____

Comment: _____

Have you ever been treated or seen by a psychologist or psychiatrist? Yes ____ No ____

If yes, where? _____ How many sessions? _____

Date of first session _____ Date of last session _____

Nature of the problem _____

Reason for stopping Therapy _____

Name & address of psychiatrist (if known) _____

Have you ever been treated or seen by a counselor or other mental health professional? Yes ____ No ____

If yes, where? _____

Date of first session _____ Date of last session _____

Nature of the problem _____

Reason for stopping counseling _____

Name & address of counselor or MHP (if known) _____

Have you been prescribed medication or depression, anxiety or other mental health conditions? Yes ____ No ____

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. Indicted for any violation of law? Yes ____ No ____ explain _____

5. Convicted of any violation of law? Yes ____ No ____ explain _____

6. A defendant in a criminal proceeding? Yes ____ No ____ explain _____

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

Signed: _____ Date: _____

Instructions: Fill out this form in type or legible print. **Send a copy** with your **Candidacy Mentor's Request For The Psychological Assessment Packet (Form AR055)** to the clinician of your choosing. Also, **send a copy** to the Chair of Ministerial Assessment:

Rev. David Hawkins
Chair of Ministerial Assessment
Grace UMC
1075 Hogan Lane
Conway, AR 72034