

General Board of Global Ministries Mission Personnel

475 Riverside Drive - Room 320 New York, New York 10115, U.S.A.
www.gb-gm-umc.org

Personnel Information Form

Name (Last, First, Middle): _____

Current Street Address or P.O. Box: _____

City, State and Zip/Postal: _____

Country: _____ Valid until: _____

Permanent Address: _____

(if different from above) _____

Telephone Numbers: Home: _____

E-mail: _____ Work: _____

Fax: _____ Other: _____

I wish to be considered for: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Amity | <input type="checkbox"/> Mission Pastor | <input type="checkbox"/> National Plan For Hispanic Ministries |
| <input type="checkbox"/> Church & Community Worker | <input type="checkbox"/> Missionary | <input type="checkbox"/> Peace With Justice Educator |
| <input type="checkbox"/> Deaconess | <input type="checkbox"/> Missioner of Hope | <input type="checkbox"/> Handy, Young Adult Missioner |

Personal Information

Gender: Male Female Citizenship: _____

Passport No. _____

Social Security Number (If applicable): _____

Green Card Number (If applicable): _____

Residency Card (If applicable): _____ Valid until/Status? _____

Date of Birth: (mm/dd/yr) _____ Place of Birth: _____

Present Occupation: _____

Nationality: _____

Optional: Ethnic Identity: _____ Racial Identity _____

Marital Status: Single Married Divorced

If Married, date of marriage: (mm/dd/yr) _____

Spouse's Name: _____ Spouse's Birth Date: mm/dd/yr _____

Spouse's Occupation: _____

Is spouse also applying for missionary service? Yes NoIf **Divorced**, Date of divorce: (mm/dd/yr) _____ Divorce Pending?: _____**Children:** (If child is adopted, please give legal status of documentation)

Name	Gender	Date of Birth	Will child accompany you? (Yes/No)
1.	-	-	-
2.	-	-	-
3.	-	-	-
4.	-	-	-

In Case of Emergency

Contact Person/Next of Kin:

Name: _____ Relationship: _____

Address: _____ Phone: _____

CHURCH IDENTIFICATION

Local Church: _____

Member since what year? _____

Pastor: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Ordained? Deacon Date of Ordination: (mm/dd/yr) _____ Elder Date of Ordination: (mm/dd/yr) _____Are you preparing for Ordination? Yes No Anticipated Date: (mm/dd/yr) _____**Consecrated?** Diaconal Minister Date of Consecration: (mm/dd/yr) _____ Other Date of Consecration: (mm/dd/yr) _____**Commissioned?** Deaconess Other Date of Commissioning: (mm/dd/yr) _____**If United Methodist**

Since what year? _____

Annual Conference: _____

EDUCATION

(Please list all institutions of higher education which you have attended below.)

From each institution of higher education which has awarded you a degree, request that your official transcript (signed by the registrar and affixed with the raised seal of the institution) be sent to you in a sealed envelope. When you receive the transcript(s), do NOT open the envelope. Place the sealed envelope(s) containing your transcripts in the large priority mail envelope provided along with your completed personnel information form and references.

Name of College And/OR Professional School	Date of Entrance	Degree and Date Granted or Date Expected	Specialization Major/Minor
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Present Or Anticipated Qualification Or Certification(s): (Attach Copies Of Certificates)

For Teachers: Certification for grade level(s) and/or subjects: *(Attach Copies Of Certification)*

LANGUAGE ABILITIES:

Language: *(What languages do you know? Please include English)*

1.	Read ■	Converse ■	Speak ■	Write ■	Native ■	Lecture/Preach ■
2.	Read ■	Converse ■	Speak ■	Write ■	Native ■	Lecture/Preach ■
3.	Read ■	Converse ■	Speak ■	Write ■	Native ■	Lecture/Preach ■
4.	Read ■	Converse ■	Speak ■	Write ■	Native ■	Lecture/Preach ■

Complementary Information:

What other information may be helpful to share as we explore the possibilities of Mission Service? (e.g., salary needs, responsibilities, family attitudes, personal philosophy, timing, etc.) You may use the back side of this page. **attach** an extra type written sheet if necessary.

EXPERIENCE AND VOCATION TO CHRISTIAN MISSION

(Using additional sheets of paper, please respond to each of the following questions in one concise paragraph. Number each question accordingly. Print your name on the upper left hand corner of EACH page.)

1. Christian Experience:

- 1.a In what ways do you experience the presence of God in your life? Describe the discipline you follow in your prayer life.
- 1.b What do you believe about the Bible?
- 1.c Describe ways in which you have been able to share your faith with others and lead them to believe in Jesus .

2. Understanding of Mission:

- 2.a How do you understand the nature and mission of the Church? What influences have helped shape your understanding? How have you been involved in the mission of the Church?
- 2.b What factors have drawn you to pursue a vocation in mission service? Which factors have been most important?

3. Inter-cultural, Inter-ethnic and Interracial Experiences and Understanding:

- 3.a Describe your experience with and understanding of racism..
- 3.b What relationships do you have with persons of a different race, culture, and/or economic class?
- 3.c Describe your experience with and understanding of sexism..
- 3.d Will you willingly submit to the authority of the leadership of the church in your place of assignment? Please comment.
- 3.e If required, will you apply yourself to learning another language to acquire a working knowledge of it? Please comment.

4. Personal Relationships and Interpersonal Skills:

- 4.a How have you prepared for participation in mission service?
- 4.b Why do you believe God is leading you to mission service?
- 4.c Describe your strengths.
- 4.d Describe your weaknesses.
- 4.e What has been your experience of your working relationship with supervisors.

5. Professional Competence and Educational Preparation: PROFESSIONAL COMPETENCE

- 5.a Where do you believe you are called to serve, and in what capacity?
- 5.b What continuing education activities have you participated in during the past three years?
- 5.c List some titles and authors of books you have read in the past year.
- 5.d List newspapers and periodicals that you read regularly.
- 5.e Which historical person do you most admire? Why?

6. Physical and Emotional Health:

- 6.a What illnesses have you had in the past year? What treatment or medication did you use?
- 6.b What illnesses have accompanying family members had in the past year? Treatment or medication used by accompanying family members?
- 6.c Have you or any member of your immediate family ever been under the care of a psychiatrist? Please explain.

7. Christian Family Life:

- 7.a** If you are married, does your spouse have a commitment to mission service? Please comment.
- 7.b** How thoroughly have you discussed mission service with your family? Please comment.
- 7.c** If you have children, how have you and your spouse prepared your children for possible mission service?
- 7.d** If you are married, are your spouse and your accompanying children willing to become part of the local community where all of you would serve?
- 7.e** Are you and your accompanying family willing to regularly attend and participate in worship of the local community in which you serve?

SKILLS AND PROFESSIONAL EXPERIENCE

1. Grade yourself on the following skills. Note professional experience and certification below.

(Use the following scale of 0 to 5)

0 = None

1 = Awareness

2 = Limited Experience

3 = Some Experience-No Credentials

4 = Much Experience-Somewhat Effective-No Credentials

5 = Experience-Very Effective-Credentials

_____ Driving a Car	_____ Conducting Workshops	_____ Supervising
_____ Driving a Jeep	_____ Teaching	_____ Organizing Events
_____ Driving a Bus	<i>specify</i> _____	_____ Organizing and Guiding Committees
_____ First Aid	_____ Community Organization	<i>specify</i> _____
_____ Gardening	_____ Enlisting/Training Volunteers	_____ Club Group
_____ Operating a Camp	_____ Leading Discussions	_____ Directing Games
_____ Raising farm animals	_____ Conducting Meetings	_____ Music Skills
_____ Raising house pets	_____ Planning and Leading	_____ Play musical instrument
_____ Agriculture	_____ Planning a budget	<i>specify</i> _____
_____ Computer skills	_____ Fund Raising	_____ Leading singing
<i>specify</i> _____	_____ Bookkeeping/Accounting	_____ Leading choir
_____ Office Management	_____ Legal	_____ Coaching athletics
_____ Typing	<i>specify</i> _____	_____ Directing Drama
_____ Carpentry	_____ Planning Events	_____ Writing
_____ Electrical work	_____ Teaching church school	_____ Photography
_____ Mechanical work	to children _____ to adults _____	_____ Crafts
_____ Health/Nutrition	_____ Medical	_____ Teaching
<i>specify</i> _____	<i>specify</i> _____	<i>specify</i> _____

2. Skills and professional experience for which you believe you are best suited. (*Specify area and certification*)

Administration _____	Medical _____
Agriculture _____	Pilot/Mechanical _____
Education _____	Social Work _____
General _____	Legal _____
Local Church _____	Finance _____
Other _____	Other _____

3. What skills and special talents do you offer to mission service?

4. What tasks do you find most challenging?

5. What tasks will you not perform?

6. How do you work best? Alone? _____ In teams? _____

What has been your experience?

7. In what areas have you taught or trained others?

8. What are your hobbies? (*Sports, crafts, etc.*)

9. What do you do for relaxation?

REFERENCES

Please list below the names, addresses, and phone numbers of not less than five persons who are qualified large envelope. When all references and transcripts have been received (*see instructions*) mail the completed packet of materials directly to:

Chairperson (of your)
Conference Committee on Mission Personnel

-or-

General Board of Global Ministries
Mission Personnel
475 Riverside Drive - Room 320
New York, NY 10115, U.S.A.

1. _____

(Laity: Your current or former Pastor. Pastors: Your District Superintendent. Clergy Family: use non-relative)

2. _____

(Teacher Or Instructor In College, Seminary, Graduate School Or Any Other Learning Experience)

3. _____

(Colleague In a Learning Experience)

4. _____

(Employer, Supervisor Or Another Person Who Knows Your Work, i.e. Student, Employee, Parishioner, etc., In A Significant Work Experience, Including Volunteer/Community Work)

5. _____

(Professional Associate Or Co-Worker)

6. _____

(Good Friend)

AUTOBIOGRAPHICAL STATEMENT

Write a clear and direct story of your life. Be sure to include the persons and events which you believe to have been of greatest significance of your development. (*Please limit your statement to no more than 2 typewritten pages.*)

I certify that I have personally prepared this Personnel Information Form and that the information I have provided is true to the best of my knowledge.

Signature: _____ Date: _____