

2020 Leadership Profile

Congregation:

Address:

SBC Id:

Senior Pastor

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Associate Pastor

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Business Administrator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of Children

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of College Students

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of Education

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister to Families

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of Missions

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of Music

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of Preschool

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister to Senior Adults

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister to Single Adults

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister to Students

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister of Youth

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Recreation/Sports Minister

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Ministry Assistant-Church

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

ACP Contact Person

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Children's Bible Drill Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Chairman of Deacons

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Church Clerk

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

Full-time

Bi-vocational

Part-time

Interim

Volunteer

Ordained: (check one)

Yes

No

Licensed: (check one)

Yes

No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Church Library Team Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Church Organist

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Church Pianist

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Church Treasurer

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Discipleship Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Men/Boys Msn Edu Dir

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Missions Team Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Prayer Ministry Coordinator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Senior Adult Coordinator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Single Adult Coordinator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Stewardship Team Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Sunday School Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

VBS Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Webmaster

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Women's Ministry Coordinator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Youth Bible Drill Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Challenger Leader-Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Crusader RA Counselor/Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

LAD RA Counselor/Leader

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

RA Leader/Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister Licensed During Year

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Minister Ordained During Year

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Representative on Assn Board

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Messenger to Association

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Communications/Media Contact

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU Adults on Mission Coordinator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU Children in Action Coordinator

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Christian Action Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Congregational Missions Director

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Literacy/Language Missions Coordinator

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Team Kid Leader

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU, Acteens Director

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU, Girls in Action Director

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU, Mission Friends Director

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU, Women on Mission Coordinator

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU, Youth on Mission Coordinator

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU Assistant Director

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

WMU Churchwide Coordinator

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Position:

Title:Name:

FirstMiddleLast

Salutation:Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () - Day Phone: () - Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Position:

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

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Status: (check one)

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☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

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City, State Zip:

Position:

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Status: (check one)

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☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Position:

Title:

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Salutation:

Spouse:

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Status: (check one)

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☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Position:

Title:

Name:

First

Middle

Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status: (check one)

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☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained: (check one)

☐ Yes

☐ No

Licensed: (check one)

☐ Yes

☐ No

Cell Phone: () -

Day Phone: () -

Email:

Preferred Mailing Address: (if different from Home)

City, State Zip:

Position:

Title:

Name:

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Last

Salutation:

Spouse:

Home Address:

City, State Zip:

Status:

(check one)

☐ Full-time

☐ Bi-vocational

☐ Part-time

☐ Interim

☐ Volunteer

Ordained:

(check one)

☐ Yes

☐ No

Licensed:

(check one)

☐ Yes

☐ No

Cell

Phone: () -

Day

Phone: () -

Email:

Preferred Mailing Address:

(if different from Home)

City, State Zip: