| Assn: | | | | | | | | 1 of 14 |
|---------------------------------|-----------------|---------|------|---|---|--|--------------------------|---------------|
| 2020 Leade | rship Profile | | | | | | | |
| Congregation | | | | | | | | |
| Address: | | | | | | SBC | : Id: | |
| | | | | | | | | |
| | | | | | | | | |
| Senior Pasto | or | | | Status: • Full-time (check one) • Bi-vocational | InterimVolunteer | Ordained: • Yes (check one) • No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | O Part-time | Volunteer | (check one) | (cricck one) | 3110 |
| | First | Middle | Last | Cell | Day | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - Email: | | |
| Home Address: | | | | Preferred Mailing Address: (if different from Home) | | | | |
| City, State Zip: | | | | City, State Zip: | | | | |
| erty, state zip. | | | | | | | | |
| | | | | | | | | |
| Associate Pa | | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: • Yes (check one) • No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - Email: | | |
| | | | | Preferred Mailing Address: | | | | |
| Home Address: | | | | (if different from Home) | | | | |
| City, State Zip: | | | | City, State Zip: | | | | |
| | | | | Status: Q Full-time | O Interim | Ordained: O Yes | Licensed: | O Yes |
| Business Ad | lministrator | | | (check one) O Bi-vocational O Part-time | O Volunteer | (check one) O No | (check one) | O No |
| | First | Middle | Last | Cell | Day | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Email:</u> | | |
| | | | | Preferred Mailing Address: (if different from Home) | | | | |
| Home Address: City, State Zip: | | | | City, State Zip: | | | | |
| City, State Zip. | | | | | | | | |
| Minister of | Children | | | Status: O Full-time (check one) O Bi-vocational | O Interim O Volunteer | Ordained: O Yes (check one) O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | O Part-time | | | | |
| | First | Middle | Last | Cell | Day | <u>. </u> | | |
| Salutation: | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Email:</u> | | |
| Home Address: | | | | (if different from Home) | | | | |
| City, State Zip: | | | | City, State Zip: | | | | |
| | | | | | | | | |
| Minister of | College Student | ts | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: • Yes (check one) • No | Licensed: (check one) | O Yes O No |
| | First | Middle | Last | Cell | Day | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Email:</u> | | |
| Home Address: | | | | Preferred Mailing Address: (if different from Home) | | | | |
| City, State Zip: | | | | City, State Zip: | | | | |
| , state Zip. | | | | | | | | |

Assn: 2 of 14

| Minister of | Education | | | Status: (check one) | O Full-time O Bi-vocational | O Interim O Volunteer | | Yes Licensed No (check on | |
|---------------------------------|-------------------------|---------|------|------------------------|---|---|-----------------|------------------------------|--|
| Title: | Name: First | Middle | Last | | O Part-time | Devi | | | |
| Salutation: | 7 4 30 | | Last | Cell Phone: (|) - | Day Phone: () | - Email: | | |
| Home Address: | | Spouse: | | | Mailing Address: at from Home) | | | | |
| City, State Zip: | | | | City, State | Zip: | | | | |
| | | | | | | | | | |
| Minister to | Families | | | Status: (check one) | O Full-time O Bi-vocational | O Interim O Volunteer | | Yes Licensed No (check on | |
| Title: | Name: | **** | | | O Part-time | | | | |
| | First | Middle | Last | Cell Phone: (|) - | Day Phone: () | - Email: | | |
| Salutation: | | Spouse: | | Preferred | Mailing Address: | - Thome. () | | | |
| Home Address: City, State Zip: | | | | City, State | | | | | |
| eny, state zip. | | | | | | | | | |
| Minister of | f Missions Name: | | | Status: (check one) | O Full-time O Bi-vocational O Part-time | O Interim O Volunteer | | Yes Licensed No (check on | |
| ride. | First | Middle | Last | —— Cell | | Day | | | |
| Salutation: | | Spouse: | | Phone: (|) - | Phone: () | - Email: | | |
| Home Address: | | | | | Mailing Address: it from Home) | | | | |
| City, State Zip: | | | | City, State | Zip: | | | | |
| | | | | | | | | | |
| Minister of | Music | | | Status: (check one) | O Full-time O Bi-vocational | InterimVolunteer | | Yes Licensed No (check on | |
| Title: | Name: | | | | O Part-time | | | | |
| | First | Middle | Last | Cell | | Day | | | |
| Salutation: | | Spouse: | | Phone: (|) - | Phone: () | - <u>Email:</u> | | |
| Home Address: | | | | | Mailing Address: it from Home) | | | | |
| City, State Zip: | | | | City, State | Zip: | | | | |
| enty, state zip. | | | | | | | | | |
| Minister of | | | | Status: (check one) | O Full-time O Bi-vocational O Part-time | O Interim O Volunteer | | Yes Licensed No (check on | |
| Title: | Name: First | Middle | Last | Cell | | Day | | | |
| Salutation: | | Spouse: | | Phone: (|) - | Phone: () | - Email: | | |
| | | | | | Mailing Address: | | | _ | |
| Home Address: | | | | | t from Home) | | | | |
| City, State Zip: | | | | City, State | ∠ıp: | | | | |

| Assn: | | | | | | | | | 3 of 14 |
|------------------|-----------------|---------|------|---|-----------------------|--------------------------|---------------|--------------------------|---------------|
| | Senior Adults | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - Em | ail: | | |
| Home Address: | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| eny, state zip. | | | | | | | | | |
| Minister to | Single Adults | | | Status: O Full-time (check one) O Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | O Part-time | | | | | |
| | First | Middle | Last | Cell | Day | | _:I. | | |
| Salutation: | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | all: | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| Minister to | Students | | | Status: O Full-time (check one) O Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | O Part-time | | | | | |
| | First | Middle | Last | Cell | Day | _ | | | |
| Salutation: | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | aıl: | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| Minister of | Youth | | | Status: O Full-time (check one) O Bi-vocational | O Interim O Volunteer | Ordained: (check one) | | Licensed: (check one) | O Yes |
| Title: | Name: | | | O Part-time | | | | | |
| | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | aıl: | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| Recreation/ | Sports Minister | | | Status: O Full-time | O Interim | Ordained: | O Yes | Licensed: | O Yes |
| Title: | Name: | | | (check one) O Bi-vocational O Part-time | ○ Volunteer | (check one) | O No | (check one) | O No |
| | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City. State Zip: | | | | City, State Zip: | | | | | |

| Assn: | | | | | | | | | | 4 of 14 |
|--------------------------------|-----------|--------|-------------------|------|---|-----------------------|--------------------------|---------------|--------------------------|---------------|
| Ministry As | | nurch | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: Salutation: | Name: | First | Middle Spouse: | Last | Cell Phone: () - | Day Phone: () | - Em | ail: | | |
| | | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: City, State Zip: | | | | | City, State Zip: | | | | | |
| ety, state zip. | | | | | | | | | | |
| ACP Contac | ct Person | | | | Status: • Full-time (check one) • Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | | O Part-time | | | | | |
| Salutation: | | First | Middle Spouse: | Last | Cell Phone: () - | Day Phone: () | - <u>E</u> m | ail: | | |
| Home Address: | | | · | | Preferred Mailing Address: (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Children's E | | Leader | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| Chairman o | of Deacon | S | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | | Licensed: (check one) | O Yes O No |
| | | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Church Cle | | | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |

5 of 14 Assn: Status: O Full-time O Interim Ordained: O Yes Licensed: Yes **Church Library Team Leader** (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time Name: Title: Middle First Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: O Full-time O Interim Ordained: O Yes Licensed: **Church Organist** (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time First Middle Last Cell Day Phone: () Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim O Yes O Yes Status: Ordained: Licensed: **Church Pianist** (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: Full-time O Interim Ordained: Yes Licensed: O Yes **Church Treasurer** (check one) O Bi-vocational (check one) O No (check one) O No O Volunteer O Part-time First MiddleLast Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim Status: Ordained: O Yes O Yes Licensed: **Discipleship Director** (check one) O Bi-vocational (check one) O Volunteer O No (check one) O Part-time Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip:

| Assn: | | | | | | | | | 6 of 14 |
|--------------------------------|-------------------|---------|------|---|-----------------------|--------------------------|---------------|--------------------------|---------------|
| • | Msn Edu Dir | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | | |
| | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: | | | | City, State Zip: | | | | | |
| City, State Zip: | | | | | | | | | |
| Missions Te | eam Leader | | | Status: ○ Full-time (check one) ○ Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | O Part-time | | | | | |
| | First | Middle | Last | Cell Phone: () - | Day Phone: () | - Fm | a ile | | |
| Salutation: | | Spouse: | | Preferred Mailing Address: | - Friorie. () | <u>Em</u> | ali: | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| - | istry Coordinator | , | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| | Ilt Coordinator | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | | |
| Lloma Addrass: | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: City, State Zip: | | | | City, State Zip: | | | | | |
| city, state 2.p. | | | | | | | | | |
| | It Coordinator | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | | |
| Llomo Addisas | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: City, State Zip: | | | | City, State Zip: | | | | | |
| city, state Lip: | | | | | | | | | |

| Assn: | | | | | | | | | | 7 of 14 |
|---------------------------------|-----------|----------|--------------------|------|---|---|--------------------------|---------------|--------------------------|---------------|
| Stewardship | Team I | _eader | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| nue. | ivairie. | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | | |
| A .l.l | | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: City, State Zip: | | | | | City, State Zip: | | | | | |
| City, State Zip. | | | | | | | | | | |
| Sunday Scho | ool Dire | ctor | | | Status: • Full-time (check one) • Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | · | ***** | | O Part-time | | | | | |
| | | First | Middle | Last | Cell Phone: () - | Day Phone: () | - Em | ail· | | |
| Salutation: | | | Spouse: | | Preferred Mailing Address: | | | <u> </u> | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| VBS Director | r | | | | Status: O Full-time (check one) O Bi-vocational | O Interim | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | | O Part-time | ○ Volunteer | (cricek orie) | JINO | (circek one) | JINO |
| | | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | Em. | ail: | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Webmaster | | | | | Status: • Full-time (check one) • Bi-vocational | InterimVolunteer | Ordained: (check one) | | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | | O Part-time | | | | | |
| | | First | Middle | Last | Cell | Day | _ | | | |
| Salutation: | | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | aıl: | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Women's Mi | inistry (| Coordina | ator | | Status: O Full-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | First | Middle | Last | O Part-time Cell | Day | | | | |
| Salutation: | | | Spouse: | 2001 | Phone: () - | Day Phone: () | - Em | ail: | | |
| Salutation. | | | opouse. | | Preferred Mailing Address: | | | | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |

| Assn: | | | | | | | | | 8 of 14 |
|--------------------------------|---------------------------------|----------------|------|---|--------------------------|--------------------------|---------------|--------------------------|---------------|
| WMU Direct | | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: Salutation: | Name: First | Middle Spouse: | Last | Cell Phone: () - | Day Phone: () | - Em | ail: | | |
| | | spouse. | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: City, State Zip: | | | | City, State Zip: | | | | | |
| eny, state 2p. | | | | | | | | | |
| | Drill Leader | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - Em | ail: | | |
| | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| Home Address: City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| _ | Leader-Director | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| Crusader RA | A Counselor/Lead | der | | Status: • Full-time (check one) • Bi-vocational | O Interim O Volunteer | Ordained: (check one) | | Licensed: (check one) | O Yes |
| Title: | Name: | | | O Part-time | | | | | |
| | First | Middle | Last | Cell Phone: () - | Day Phone: () | - Em | o ile | | |
| Salutation: | | Spouse: | | Preferred Mailing Address: | - Thoric. () | | all. | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| LAD RA Cou | I nselor/Leader Name: | | | Status: O Full-time (check one) O Bi-vocational O Part-time | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - Preferred Mailing Address: | Phone: () | - <u>Em</u> | ail: | | |
| Home Address: | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |

| Second S | Assn: | | | | | | | | 9 of 14 |
|--|------------------|---|----------|------|-----------------------------|------------|-------------|------|---------|
| Main | | | | | (check one) • Bi-vocational | | | | |
| Preferred Kalling Address | | | | Last | Cell | | - Em | ail: | |
| City, State Zp: City Cit | | | <u> </u> | | _ | | | | |
| Status: O Fall-time District O Fall-time District Ordaned O Yes Leonard O Yes Contact O Yes Cont | | | | | | | | | |
| Call | спу, зтате 2ір. | | | | | | | | |
| First Middle Loat Spouse: Phone () Phone () Email: | | _ | ear | | (check one) • Bi-vocational | | | | |
| Preferred Mailing Address: Grid different from Home) | Title. | | Middle | Last | Cell | Day | | | |
| First Manne: | Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>Em</u> | ail: | |
| Chy, State Zip: | Lieuwa Addunus | | | | _ | | | | |
| Status | | | | | | | | | |
| Check one O Bi-vocational O Volunteer Check one O No Check | | | | | | | | | |
| Salutation: Spouse: Phone: () - Email: Home Address: City, State Zip: Representative on Assn Board Representative on Assn Board Salutation: Spouse: Status: Status: Status: Status: Status: Spouse: Spou | | _ | ear | | (check one) • Bi-vocational | | | | |
| Salutation: Spouse: Phone: () - Phone: () - Email: | riue. | | Middle | Last | | Day | | | |
| Home Address: Gif different from Home City, State Zip: City, State Zip: City, State Zip: City | Salutation: | | Spouse: | | ` / | Phone: () | - <u>Em</u> | ail: | |
| City, State Zip: City, State Zip: City, State | Home Address: | | | | _ | | | | |
| Check one O Bi-vocational O Volunteer Check one O No (check one O No (chec | City, State Zip: | | | | City, State Zip: | | | | |
| First Middle Last Salutation: Spouse: Phone: () - Phone: () - Email: Preferred Mailing Address: (if different from Home) City, State Zip: Messenger to Association Title: Name: First Middle Last Spouse: Status: O Full-time (check one) O Bi-vocational O Volunteer (check one) O No (che | - | | rd | | (check one) O Bi-vocational | | | | |
| Preferred Mailing Address: (if different from Home) City, State Zip: City, State Zip: | Title. | | Middle | Last | Cell | Day | | | |
| Home Address: City, State Zip: City, State Zip: | Salutation: | | Spouse: | | | Phone: () | - <u>Em</u> | ail: | |
| City, State Zip: Status: O Full-time | Home Address | | | | _ | | | | |
| Messenger to Association Title: Name: First Middle Last Cell Day Spouse: Spouse: Middle Address: City Status: O Full-time (check one) O Interim Ordained: O Yes Licensed: O Yes (check one) O Part-time O Part-time O Day Phone: () - Phone: () - Email: City Status: O Full-time O Interim Ordained: O Yes Licensed: O Yes (check one) O No O No Check one) O No Check one) O No Check one) O No Check one) O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes City Status: O Full-time O Interim Ordained: O Yes Check one) O Yes Che | - | | | | City, State Zip: | | | | |
| Messenger to Association Title: Name: First Middle Last Cell Day Salutation: Spouse: Home Address: (check one) O Bi-vocational O Volunteer (check one) O No (check one) O | | | | | | | | | |
| Salutation: Spouse: Cell Phone: () - Preferred Mailing Address: (if different from Home) City State Tire | _ | | | | (check one) O Bi-vocational | | | | |
| Preferred Mailing Address: (if different from Home) | | | Middle | Last | | Day | | | |
| Home Address: (if different from Home) | Salutation: | | Spouse: | | | Phone: () | - <u>Em</u> | ail: | |
| City, State Zip: City, State Zip: | Home Address: | | | | _ | | | | |
| | City, State Zip: | | | | City, State Zip: | | | | |

10 of 14 Assn: Status: O Full-time O Interim Ordained: O Yes Licensed: O Yes **Communications/Media Contact** (check one) O Bi-vocational O Volunteer (check one) O No (check one) O Part-time Title: Name: Middle First Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim Ordained: O Yes Licensed: **WMU Adults on Mission Coordinator** (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time Name: First Middle Last Cell Day Phone: () Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim O Yes O Yes Status: Ordained: Licensed: WMU Children in Action Coordinator (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time Name: Middle First Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: Full-time O Interim Ordained: O Yes Licensed: O Yes **Christian Action Director** (check one) O Bi-vocational (check one) O No (check one) O No O Volunteer O Part-time First MiddleLast Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim Status: Ordained: O Yes O Yes Licensed: **Congregational Missions Director** (check one) O Bi-vocational (check one) O Volunteer O No (check one) O No O Part-time Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip:

11 of 14 Assn: Status: O Full-time O Interim Ordained: O Yes Licensed: O Yes Literacy/Language Missions Coordinator (check one) O Bi-vocational O Volunteer (check one) O No (check one) O Part-time Title: Name: Middle First Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim Ordained: O Yes Status: O Yes Licensed: **Team Kid Leader** (check one) O Bi-vocational (check one) O No O Volunteer (check one) O No O Part-time First Middle Last Cell Day Phone: () Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim O Yes O Yes Status: Ordained: Licensed: WMU, Acteens Director (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: Full-time O Interim Ordained: O Yes Licensed: O Yes WMU, Girls in Action Director (check one) O Bi-vocational (check one) O No (check one) O No O Volunteer O Part-time First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Interim Status: O Full-time Ordained: O Yes O Yes Licensed: WMU, Mission Friends Director (check one) (check one) O Bi-vocational O Volunteer O No (check one) O Part-time Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip:

12 of 14 Assn: Status: O Full-time O Interim Ordained: O Yes Licensed: O Yes WMU, Women on Mission Coordinator (check one) O Bi-vocational O Volunteer (check one) O No (check one) O Part-time Title: Name: Middle First Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim Ordained: O Yes Licensed: WMU, Youth on Mission Coordinator (check one) O Bi-vocational (check one) O No O Volunteer (check one) O No O Part-time First Middle Last Cell Day Phone: () Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Full-time O Interim O Yes O Yes Status: Ordained: Licensed: **WMU Assistant Director** (check one) O Bi-vocational O Volunteer (check one) O No (check one) O No O Part-time Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: Status: Full-time O Interim Ordained: O Yes Licensed: O Yes **WMU Churchwide Coordinator** (check one) O Bi-vocational (check one) O No (check one) O No O Volunteer O Part-time First MiddleLast Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip: City, State Zip: O Interim Status: O Full-time Ordained: O Yes O Yes Licensed: Position: (check one) O Bi-vocational (check one) O Volunteer O No (check one) O No O Part-time Title: Name: First Middle Last Cell Day Phone: (Phone: (Email: Salutation: Spouse: Preferred Mailing Address: (if different from Home) Home Address: City, State Zip:

City, State Zip:

| Assn: | | | | | | | | | | 13 of 14 |
|------------------|----------|-------|---------|------|--|---|--------------------------|---------------|--------------------------|---------------|
| Position: | | | | | Status: O Full-time (check one) O Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | | O Part-time | | | | | |
| | | First | Middle | Last | Cell Phone: () - | Day Phone: () | - Fm: | a ile | | |
| Salutation: | | | Spouse: | | Preferred Mailing Address: | - Thone. () | - <u>Ema</u> | dII. | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Position: | | | | | Status: O Full-time | O Interim | Ordained: | O Yes | Licensed: | O Yes |
| | | | | | (check one) O Bi-vocational O Part-time | O Volunteer | (check one) | O No | (check one) | O No |
| Title: | Name: | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - | Phone: () | - Ema | ail: | | |
| | | | | | Preferred Mailing Address: | | | | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Position: | | | | | Status: • Full-time (check one) • Bi-vocational | InterimVolunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | | O Part-time | | | | | |
| | | First | Middle | Last | Cell Phone: () - | Day Phone: () | F | . 9. | | |
| Salutation: | | | Spouse: | | Phone: () - Preferred Mailing Address: | Filone. () | <u>Ema</u> | all: | | |
| Home Address: | | | | | (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| | | | | | | | | | | |
| Position: | | | | | Status: O Full-time (check one) O Bi-vocational | InterimVolunteer | Ordained: (check one) | | Licensed: (check one) | O Yes |
| Title: | Name: | | | | O Part-time | O volunteer | (check one) | O NO | (crieck one) | O NO |
| | | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - | Phone: () | - <u>Ema</u> | ail: | | |
| Home Address: | | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| City, State Zip: | | | | | City, State Zip: | | | | | |
| City, State Zip. | | | | | | | | | | |
| Position: | | | | | Status: • Full-time | O Interim | Ordained: | O Yes | Licensed: | O Yes |
| Title: | Name: | | | | (check one) O Bi-vocational O Part-time | O Volunteer | (check one) | O No | (check one) | O No |
| TICE. | ivaille. | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | | Spouse: | | Phone: () - | Phone: () | - <u>Ema</u> | ail: | | |
| Home Address: | | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| City. State Zip: | | | | | City, State Zip: | | | | | |

City, State Zip:

| Assn: | | | | | | | | | 14 of 14 |
|------------------|-------|---------|------|--|-----------------------|--------------------------|---------------|--------------------------|---------------|
| Position: | | | | Status: O Full-time (check one) O Bi-vocational | O Interim O Volunteer | Ordained: (check one) | O Yes O No | Licensed: (check one) | O Yes O No |
| Title: | Name: | | | O Part-time | | | | | |
| | First | Middle | Last | Cell | Day | | | | |
| Salutation: | | Spouse: | | Phone: () - | Phone: () | - <u>E</u> m | ail: | | |
| Home Address: | | | | Preferred Mailing Address: (if different from Home) | | | | | |
| City, State Zip: | | | | City, State Zip: | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |