



SOUTHWESTERN UNION CONFERENCE

P. O. BOX 4000 BURLSON, TX 76028

817-295-0476

COMMISSIONED MINISTER'S QUESTIONNAIRE

Name: _____ Dept. _____ Ext. _____ Date _____

CURRENT TITLE: _____ Assistant Director
_____ Associate Director
_____ Director
_____ Other:

CURRENT CREDENTIALS: _____ Commissioned Minister License Held since: _____
_____ Commissioned Minister Credential Held since: _____
_____ Ministerial Credential Held since: _____
_____ Other: Held since: _____
_____ None

EDUCATION: Please complete all sections that are applicable.

Degree	Major/Emphasis	College/University	Year
<i>BA/BS Degree</i>			
<i>Master's Degree</i>			
<i>Doctoral Degree</i>			

EXPERIENCE: Please list the last five positions of formal denominational employment held beginning with current position.

Job title	Institution/Church name & state	Begin Mo/Yr	End Mo/Yr

In addition to the information above, I have been involved in the following ministries in a professional capacity (include length of time and location): _____

_____ I have been ordained as a local church elder (excluding deacon/deaconess).
_____ Church name/state _____ Mon/Yr _____

I am currently serving as a local church elder at (name of church) _____

Signature _____