



# HIGHER EDUCATION & MINISTRY

General Board of Higher Education and Ministry

THE UNITED METHODIST CHURCH

## BIOGRAPHICAL INFORMATION FORM Form 102

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Sex: Male  Female  Birth Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ethnic Origin:

- Asian  African American/Black  Hispanic/Latino  Other:  
 American Indian  White/Caucasian  Native Hawaiian/Pacific Islander

Conference: \_\_\_\_\_ District: \_\_\_\_\_

Local Church: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City State Zip

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.



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Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

Educational Background	Dates Attended					Degree or # of Credit Hours
High School						
College						
Graduate School						
Theological Seminary						
Course of Study	Yr. 1 <input type="checkbox"/>	Yr. 2 <input type="checkbox"/>	Yr. 3 <input type="checkbox"/>	Yr. 4 <input type="checkbox"/>	Yr. 5 <input type="checkbox"/>	
Adv. Course of Study						Credit Hrs:

**Marital Status:**

<input type="checkbox"/> Single (never married)	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married (first marriage)	<input type="checkbox"/> Separated
<input type="checkbox"/> Married (second marriage or more)	<input type="checkbox"/> Divorced

**If married, please indicate your spouse's information.**

Name: \_\_\_\_\_  
                    First  Middle  Last

Birth Date: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

**Your children, if any:**

Child's Name	Date of Birth	Sex/Gender	Education



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## Additional dependents, if any:

Dependent's Name	Date of Birth	Sex/Gender	Education

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

## Your childhood family and other significant relatives:

Name	Relation	Age	Marital Status	Education	Sex/Gender	Occupation
	Father					
	Mother					



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**Work Experience:** (current employment, previous employment, and military experience, if any.)

Have you previously served as a local pastor, diaconal minister, deacon, or elder in The United Methodist Church?

Yes  No

If Yes, What Conference? \_\_\_\_\_

### Conference Relationship

	DATE		DATE
Diaconal Minister		Provisional Member	
Local Pastor		Deacon in Full Connection	
Associate Member		Elder in Full Connection	

Have you had a change in clergy relationship with a conference of The United Methodist Church?

Yes  No

### Change in Conference Relationship

	DATE		DATE
Discontinuance		Administrative Location	
Leave of Absence		Honorable Location	
Medical Leave		Retirement	
Termination by Annual Conference Action		Withdrawal	

**Note: If additional space is needed please use a separate sheet of paper and attach this form.**