| COMMITTEE ON MINISTRY – CHURCH PROFILE |
| --- |
| **CHURCH Information Date COmpleted:** |
| CHURCH: |
| Phone: | Email: | Website: |
| Address: |
| City: | State: | Zip Code: |
| Worship Time(s): | Office Hrs: | Facebook: |
|  |
| Pastor: |
| Address: |
| City: | State: | Zip: |
| Phone: | Email: | Cell: |
| Installation Date: | Time served: | Sabbatical? |
|  |
| Clerk of Session: |
| Mailing Address: |  |
| Phone: | E-mail: | Cell: |
| City: | State: | Zip Code: |
| Session/Council Meeting Day & Time: |
|  |
| Associate Pastor/Parish Associate: |
| Title:  | PT/FT (circle one) Hrs. =  |
| Address: |  |
| Phone: | E-mail: | Cell: |
| City: | State: | Zip Code: |
| Installation Date: | Time served: | Sabbatical? |
|  |
| Associate Pastor/Parish Associate: |
| Title: | PT/FT (circle one) Hrs.= |
| Address: |  |
| Phone: | E-mail: | Cell: |
| City: | State: | Zip Code: |
| Installation Date: | Time served: | Sabbatical? |
| Ministry Staff – paid or volunteer |
| Administrative Assistant/Church Secretary: |
| Name: |
| Title: |
| Mailing address: |
| City: | State: | Zip Code: |
| Phone: | Email: | Cell: |
| Volunteer or Staff (circle one) | Part-time/Fulltime | Number hrs. if PT |
| Start date: | Time served: |  |

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| **Ministry staff – paid or volunteer** |
| Christian Education/Faith Formation/Family Ministry |
| Name: |
| Title: |
| Mailing address: |
| City: | State: | ZIP Code: |
| Phone: | Email: | Cell: |
| Volunteer or Staff (circle one) | Part-time/Fulltime | Number hrs. if PT |
| Start date: | Time served: |
|  |
| Youth Ministry/Faith Formation/Family Ministry |
| Name: |
| Title: |
| Mailing Address: |
| City: | State: | Zip Code: |
| Phone: | Email: | Cell: |
| Volunteer or Staff (circle one) | Part-time/Fulltime | Number hrs. if PT |
| Start date: | Time served: |
|  |  |
| Music Director/Choir Director |
| Name: |
| Title: |
| Mailing address: |
| City: | State: | Zip Code: |
| Phone: | Email: | Cell: |
| Volunteer or Staff (circle one) | Part-time/Fulltime | Number hrs. if PT |
| Start date: | Time served: |
|  |
| Other Ministry Staff |
| Name: |
| Title: |
| Mailing address: |
| City: | State: | Zip Code: |
| Phone: | Email: | Cell: |
| Volunteer or Staff (circle one) | Part-time/Fulltime | Number hrs. if PT |
| Start date: | Time served: |
| COMMITTEE ON MINISTRY LIAISON |
| Church Liaison: |
| Address: | Phone |
| City: | State: | Zip Code: |
| Email: |
| Team A B C D (circle one) |
| COMMITTEE ON MINISTRY INFORMATION |
| Date of Triennial: | Report Complete? | Next Triennial Due:  |
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