| **Pastor Profile/Pastor Advisory for Appointment Making**greater New jersey annual conference | | | | | | | | | | | | | | | | | |
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| **Year of Completion:** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | Pastor’s GCFA ID# | | | | | |
| Date of Birth: | | Gender:  Female  Male | | | | | | | | Marital Status:  Single  Married | | | | | | | |
| Current Appointment: | | | | | | | | Church#: | | | | | | District: | | | |
| Office Phone: | | | Home Phone: | | | | | | | | Cell Phone: | | | | | | |
| Personal Email: | | | | | | | | | | | | | | | | | |
| Work Email: | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | City & State: | | | | | | | | | | Zip: |
| Spouse Name: | | | | | | | | | | | | | | | | | |
| If employed, spouse’s employer and location: | | | | | | | | | | | | | | | | | |
| **Family** | | | | | | | | | | | | | | | | | |
| Please include all the children and dependents. Mark an (X) for those who are not living at home with you. | | | | | | | | | | | | | | | | | |
| Name: | | | | | Relationship: | | | | Date of birth: | | | | | | Not Living at home: | | |
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| Are there any GNJAC churches where extended family members’ active involvement could limit your ability to serve?  Yes  No If yes, please list: | | | | | | | | | | | | | | | | | |
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| If offered a new appointment, are there things that the cabinet needs to be aware of regarding family and personal situations, i.e. children in last years of high school, spouse employment, family health concerns, pastor in educational degree programs, etc.? | | | | | | | | | | | | | | | | | |
| **Racial/Ethnic Identification (Please Check one)** | | | | | | | | | | | | | | | | | |
| **Asian:** Origin and/or heritage in any of the indigenous peoples of Asia, Southeast Asia, or the Indian Subcontinent.  Please identify: | | | | | | | | | | | | | | | | | |
| **African American/Black:** Origins and/or heritage in the Black African racial groups of Africa, the Caribbean, or North,  Central, or South America who identify themselves as “African American” or “Black.” Please identify: | | | | | | | | | | | | | | | | | |
| **Hispanic/Latino:** Origin and/or heritage from Central American, Cuban, Mexican, Puerto Rican, South American, or  Spanish culture or heritage, regardless of race. Please identify: | | | | | | | | | | | | | | | | | |
| **Native American:** Those who are Alaskan Native, American Indian, Eskimo, and/or whose heritage is in any of the  indigenous peoples of North America, and/or who maintain cultural identification through tribal affiliation or community  recognition. Please identify: | | | | | | | | | | | | | | | | | |
| **Pacific Islander:** Origins and/or heritage in the Pacific Islands, including Fiji, Guam, Hawaii, Samoa, and Tonga. | | | | | | | | | | | | | | | | | |
| **Anglo/White:** Origins and/or heritage in any of the peoples of Europe, the Middle East, North Africa, or the former USSR. | | | | | | | | | | | | | | | | | |
| **Multi-Racial:** Origins and/or heritage in two or more of the other categories. | | | | | | | | | | | | | | | | | |
| **Other** (please list): | | | | | | | | | | | | | | | | | |
| **Appointment Status** | | | | | | | | | | | | | | | | | |
| Current Status (please check one): Year received into status: | | | | | | | | | | | | | | | | | |
| FD  FE  PD  PE  AM  FL  PL  SP  RD  RE  RL  SY  OE  OF | | | | | | | | | | | | |  | | | | |
| **Immigration Status** | | | | | | | | | | | | | | | | | |
| Please check one of the following: | | | | | | | | | | | | | | | | | |
| Citizen of the United States | | | | Permanent Resident (Green Card) Expires on: | | | | | | | | | | | | | |
| Other Immigration Status: | | | | | | Visa issued on:       Expires on: | | | | | | | | | | | |
| Does your immigration status have any work restrictions?  Yes  No If yes, please explain: | | | | | | | | | | | | | | | | | |
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| As you reflect on your present ministry setting, what would you like the Bishop and Cabinet to know concerning your tenure there, your next appointment, or any change in status that you are considering such as retirement, leave of absence, extension ministry, or less than full time service? | | | | | | | | | | | | | | | | | |
| How many paid staff in the church?       How many report directly to you as the pastor?  Please list positions: | | | | | | | | | | | | | | | | | |
| What term best fits your theological stance: (please check only one box)  **Conservative**: belief in the Bible as the inerrant, revealed word of God, complete and sufficient for discerning God’s truth,  authoritative in faith and practice; universal need for personal salvation through repentance and confession of Jesus Christ as  Savior. Further explanation (optional):  **Evangelical**: belief in and obedience to the Bible as ultimate authority, stresses the sacrifice of Jesus Christ for the redemption  of humanity; need for transformation through a “born-again” experience and ongoing process of following Jesus through active  expression in missionary and social reform effort. Further explanation (optional):  **Moderate**: belief in authority of scripture with openness to interpret and explore alternate views and understandings,  considering cultural adaptations in light of changing cultural and societal norms; maintains a balance of personal holiness and  social justice experienced and encouraged in community. Further explanation (optional):  **Progressive**: belief in a Scriptural mandate to work for change and advocate for justice and mercy as an expression of living  out message of Jesus; Bible was written in a particular time/context which informs its application to contemporary situations;  values questioning rather than affirmation of absolutes. Further explanation (optional):  **Liberal**: belief that God’s revelation, while present and vibrant in Scripture, is ongoing and all has not yet been completely  revealed; open to possibilities of change in thinking around theological issues as cultural norms/values shift; high view of human  nature. Further explanation (optional): | | | | | | | | | | | | | | | | | |
| What theological issues do you struggle with and why? | | | | | | | | | | | | | | | | | |
| How are you involved outside the church that relates to strengthening your church/community? | | | | | | | | | | | | | | | | | |
| Prior to your entering ordained/licensed ministry, what experiences (work, church, etc.) have you had that strengthens your ministry? | | | | | | | | | | | | | | | | | |
| Please list ways in which you currently serve the district and conference on ministry teams, committees, as a coach, clergy or candidacy mentor, camping volunteer, etc. | | | | | | | | | | | | | | | | | |
| Describe how you continue to grow in faith. What spiritual disciplines do your practice? Do you keep a personal “Sabbath” that is, observe a day off for yourself? | | | | | | | | | | | | | | | | | |
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| Check the five areas of greatest strength for you in ministry in the left hand column, and three areas of growth for you in the right hand column. | | | | | | | | | | | | | | | | | |
| **Strengths**  **Check only (5)** | **Ministry Areas** | | | | | | | | | | | | | | | **Growth**  **Check only (3)** | |
|  | Children Ministries | | | | | | | | | | | | | | |  | |
|  | Commitment to Connectional Ministry | | | | | | | | | | | | | | |  | |
|  | Community Builder | | | | | | | | | | | | | | |  | |
|  | Conflict Resolution | | | | | | | | | | | | | | |  | |
|  | Developing and Nurturing Disciples | | | | | | | | | | | | | | |  | |
|  | Ecumenical Commitment | | | | | | | | | | | | | | |  | |
|  | Equipping Laity for Ministry and Mission | | | | | | | | | | | | | | |  | |
|  | Evangelism | | | | | | | | | | | | | | |  | |
|  | Interpersonal Relations | | | | | | | | | | | | | | |  | |
|  | Leading Staff | | | | | | | | | | | | | | |  | |
|  | Mission in Community | | | | | | | | | | | | | | |  | |
|  | Organizational and Administrative Skills | | | | | | | | | | | | | | |  | |
|  | Pastoral Care | | | | | | | | | | | | | | |  | |
|  | Preaching and Worship | | | | | | | | | | | | | | |  | |
|  | Self-awareness | | | | | | | | | | | | | | |  | |
|  | Stewardship | | | | | | | | | | | | | | |  | |
|  | Teaching | | | | | | | | | | | | | | |  | |
|  | Visioning with the Congregation | | | | | | | | | | | | | | |  | |
|  | Young Adult Ministry | | | | | | | | | | | | | | |  | |
|  | Youth Ministry | | | | | | | | | | | | | | |  | |
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| What strategies have you been using to grow vitality in the following five ministry areas?  Average worship attendance:  Growing in Professions of faith:  Small groups:  Giving to mission:  Participation in hands-on mission: | | | | | | | | | | | | | | | | | |
| Describe the progress made in each ministry area and any new strategies you plan to employ in the coming year.  Average worship attendance:  Growing in Professions of faith:  Small groups:  Giving to mission:  Participation in hands-on mission: | | | | | | | | | | | | | | | | | |
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| Have you completed the required continuing education (four CEUs or 40 contact hours) in the past year?  Yes  No | | | | | | | | | | | | | | | | | |
| **Pastor Advisory for Appointment Making** | | | | | | | | | | | | | | | | | |
| After prayerful discernment, I would like to communicate the following information to the Bishop and Cabinet. I understand the information shared herein is advisory only, and that an appointment is made at the discretion of the Bishop in consultation with the Cabinet. | | | | | | | | | | | | | | | | | |
| Please check one and complete the corresponding questions:  I believe effective ministry is occurring in my present appointment and would request consideration of  Re-appointment to this charge.   1. Please identify how your leadership addresses the goal and objectives of the congregation and contributes to church vitality. 2. Please list critical ministries and/or projects in the church and/or community that might be impeded if there were a change of appointment.   I have concerns regarding my continued appointment to this charge.   1. Please list these concerns: 2. How have these concerns been addressed?   I wish to be considered for a change of appointment.  Please list concerns and rationale for why a change of appointment might be needed. | | | | | | | | | | | | | | | | | |
| **Please save this document for annual updating** | | | | | | | | | | | | | | | | | |