



Desert Southwest Conference

The United Methodist Church

Biographical Information Form

1. Full Name

2. Address

3. Address 2

4. City/Town

5. School or Office Phone

6. E-mail address

7. Date of Birth

8. Sex

Male

Female

9. Ethnic Origin

Other (please specify)

10. Conference Name

12. Local Church Name and Address

11. District Name

14. Please give a Statement of your Call to Ministry in 500 words or less.

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

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

17. High School Attended

Dates Attended

Name of School

Degree or Number of
Credit Hours

18. College Attended

Dates Attended

Name of School

Degree or Number of
Credit Hours

19. Graduate School

Dates Attended

Name of School

Degree or Number of
Credit Hours

20. Theological Seminary

Dates Attended

Name of School

Degree or Number of
Credit Hours

21. Course of Study

Year 1

Year 2

Year 3

Year 4

Year 5

22. Advanced Course of Study

Credit Hours

23. Marital Status

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

Full Name

Date of Birth

Date of Marriage

Spouses Occupation

25. Your children, if any:

Child's name, DOB,
Sex/Gender and
Education

Child's name, DOB,
Sex/Gender and
Education

Child's name, DOB,
Sex/Gender and
Education

Child's name, DOB,
Sex/Gender and
Education

26. Dependents in addition to your spouse and children

Name, DOB,
Sex/Gender/Education

Name, DOB,
Sex/Gender/Education

Name, DOB,
Sex/Gender/Education

Name, DOB,
Sex/Gender/Education

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

28. Your childhood family

Father's Name and Age

Marital Status

Education

Sex/Gender

Occupation

29. Your childhood family

Mother's Full Name and Age

Marital Status

Education

Sex/Gender

Occupation

30. Other Significant Relative

Full Name and Age

Relation

Marital Status

Education

Sex/Gender

Occupation

31. Other Significant Relative

Full Name and Age

Relation

Marital Status

Sex/Gender

Occupation

32. Describe your work experience (current employment, previous employment, and military experience, if any)

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

Yes

No

34. If yes, what Conference

35. Have you served as a Consecrated Diaconal Minister?

Yes/No

Date

36. Are you Licensed as a Local Pastor

Yes/No

Date

37. Are you an Associate Member?

Yes/No

Date

38. Are you a Deacon in full connection?

Yes/No

Date

39. Are you an Elder in full connection?

Yes/No

Date

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

Yes

No

41. Date of discontinuance

42. Date of Leave of Absense

43. Date of Medical Leave

44. Date of Termination by action of the annual conference

45. Location Date

46. Retirement Date

47. Withdrawal Date