



RIVERMONT

EVANGELICAL PRESBYTERIAN CHURCH

Name:

Date:

If you need additional space to answer any questions, attach a separate sheet (please ensure that the question number is included).

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Rivermont EPC
2424 Rivermont Ave
Lynchburg, VA 24502

434-846-3441
repcsearch@gmail.com

Part 1: Statement of Consent*

We are called to honesty and a commitment to open communication as we seek to build the body of Christ. In that spirit, we ask that you confirm your agreement to the following statements by your signature below:

I attest that the information contained in my Personal Information Form is true and complete to the best of my knowledge.

I authorize the persons and entities, such as members of search committees of a prospective calling body or appropriate staff persons, to make inquiries regarding all statements contained in my Personal Information Form. I also authorize all persons referred to as references, members of congregations I have worked or personal/professional colleagues, to supply verification of the information provided in the Personal Information Form. I understand that such persons may comment on and state their opinions regarding all matters addressed in the profile including, without limitation, my background and character. To encourage such persons to speak openly and responsibly, I hereby release them from any claims or liabilities arising from their responses and comments if made in good faith and without malice.

*A copy of this consent form will be available to reference sources.

Signature:	Date:
x _____	
Printed Name:	

I am able to consider a position at this time:

Yes No Possibly

It is unlikely I will consider a position before: _____

Part 2: Personal Information

(please print or type)

1. Name:

(Last)

(First)

(Middle)

Preferred Address:

Full Name:

Street Address:

City:

State:

Zip:

Alternate Address:

Full Name:

Street Address:

City:

State:

Zip:

Preferred Phone:

Cell

Work

Home

Alternate Phone:

Cell

Work

Home

Email:

2. Work History:

Previous Ministry Positions:

Dates:

Previous non-ministry positions

Dates:

Present/Last Position (if you are currently not in a ministry position)

Dates:

3. Educational Background:

a. Name of Institution: Dates Attended: Degree Achieved:

b. Continuing Education/Professional Development (please include dates):

-
-
-
-

c. Community and Civic Activities:

-
-
-
-

d. Special Interests, Hobbies:

-
-
-
-

e. Languages you can speak (and level of proficiency):

-
-
-
-

Part 3: Narrative

- 1. Life Story:** In one page, describe your life's journey. Include key incidents that were significant in your formation as a person and your call to ministry. State your personal ideals and goals.

2. Please describe briefly (confine your answers to space allotted):

a. My leadership style: *(How you include others in decision-making, administrative style, ways you deal with conflict, etc.?)*

b. Types of supervision/accountability you have found helpful in your ministry:

c. My call to ministry: *(What type of ministry role are you called to? What would effectiveness look like in that role?)*

3. Comment briefly on your views as relates to:

a. Children and corporate worship

b. Discipling children

c. Mentoring and connecting young families

Name: _____

d. The education of children both within and outside the church

e. Community and neighborhood outreach

Name: _____

4. Do you agree with the system of government of the Evangelical Presbyterian Church?

Yes No (please explain briefly):

5. Are you familiar with the *Westminster Confession of Faith and Catechisms* and how does it inform your faith?

Yes No (please explain as part of your answer to #6 below)

Name: _____

6. Do you take any exceptions to the *Westminster Confession of Faith and Catechisms*?

Yes No

If yes, please identify the topic with the specific chapter, paragraph, or question number with which you take your exception. *(Note: you will need to submit a written statement of these exceptions to the Ministerial Committee and presbytery during the examination process.)*

7. Do you agree with the sacrament of infant baptism for children of Christian parents?

Yes No (please explain briefly):

Name: _____

Part 4: Ministry Preferences and History (check all that apply)

Size of Church	Would Serve	Have Served
Up to 150 members	<input type="checkbox"/>	<input type="checkbox"/>
150 to 300 members	<input type="checkbox"/>	<input type="checkbox"/>
300 to 500 members	<input type="checkbox"/>	<input type="checkbox"/>
500 to 1,000 members	<input type="checkbox"/>	<input type="checkbox"/>
Over 1,000 members	<input type="checkbox"/>	<input type="checkbox"/>

Position Type	Would Serve	Have Served
Staff Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Congregational Care	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
Chaplaincy	<input type="checkbox"/>	<input type="checkbox"/>
World Missions Home Missions	<input type="checkbox"/>	<input type="checkbox"/>
Other:		

Community Type	Would Serve	Have Served
Rural (Country/Farming)	<input type="checkbox"/>	<input type="checkbox"/>
Suburban	<input type="checkbox"/>	<input type="checkbox"/>
Town/Village	<input type="checkbox"/>	<input type="checkbox"/>
Urban (Metropolitan)	<input type="checkbox"/>	<input type="checkbox"/>
Urban (Inner City)	<input type="checkbox"/>	<input type="checkbox"/>
College/University Multi-Cultural	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic (Specify:)		

Geographic Areas	Would Serve	Have Served
U.S. West	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Midwest	<input type="checkbox"/>	<input type="checkbox"/>
U.S. South	<input type="checkbox"/>	<input type="checkbox"/>
U.S. East	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Middle Atlantic	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Southeast	<input type="checkbox"/>	<input type="checkbox"/>
Other:		

Name: _____

Part 5: Appraisal

1. Self-Appraisal: What five key characteristics/gifts/skills would you bring to a ministry position?

2. References: Choose five individuals to complete the written reference form at the end of this document and who are willing to be contacted by phone by a Search Committee. If possible, one of these references should represent your current/last congregation Session. When providing the form to your references, include a stamped envelope addressed to the Rivermont EPC (address provided on page 1).

1. Name: _____

Address: _____

E-mail: _____

Preferred phone: _____

Person's relationship to you: _____

2. Name: _____

Address: _____

E-mail: _____

Preferred phone: _____

Person's relationship to you: _____

3. Name: _____

Address: _____

E-mail: _____

Preferred phone: _____

Person's relationship to you: _____

4. Name: _____

Address: _____

E-mail: _____

Preferred phone: _____

Person's relationship to you: _____

Name: _____

5. Name: _____

Address: _____

E-mail: _____

Preferred phone: _____

Person's relationship to you: _____

Name: _____

Part 6: Background Disclosure

To the person completing these statements:

Congruent with the concern for ethical performance of ministry in the Evangelical Presbyterian Church and openness about issues that are sensitive to functioning in the public role of a Director of Children's Ministry in a congregation, you are asked to respond to the following statements. There is opportunity for explanation if you so desire.

To the Search Committee or Session of a calling church:

Any practice of routinely rejecting profiles on a perfunctory basis without a complete and thoughtful review of the explanations offered by the candidate is strongly discouraged. The information presented here is meant to provide an occasion for open, honest dialogue.

This disclosure statement will only be shared with an interested congregation as part of the second phase of the search process.

1A. Have you ever been the subject of official discipline by a Session or Presbytery of the Evangelical Presbyterian Church?

Suspended Yes No

Deposed Yes No

1B. Is any official disciplinary action currently pending?

Yes No

1C. Have you ever been the subject of official disciplinary proceedings by another denomination that resulted in disciplinary action?

Yes No

1D. Are any official disciplinary proceedings by another denomination currently pending?

Yes No

Explanation of 1A-1D:

Name: _____

2A: Has a civil lawsuit, criminal charge, or official ecclesiastical complaint been sustained against you for sexual discrimination, harassment, exploitation or misconduct, physical abuse, child abuse, or financial misconduct?

Yes No

2B. Have you ever been convicted of a felony?

Yes No

Explanation of 2A-2B:

Name: _____

3A. Has your employment ever been changed because you attempted or actually engaged in:

- | | | |
|---|------------------------------|-----------------------------|
| A. Sexual Discrimination, Harassment, Exploitation, or Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Physical Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Child Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Financial Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3B. Has your employment ever been changed in order to avoid facing or to avoid being terminated because of charges of actual or attempted:

- | | | |
|---|------------------------------|-----------------------------|
| A. Sexual Discrimination, Harassment, Exploitation, or Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Physical Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Child Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Financial Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanation of 3A-3B:

Name: _____

I recognize that presbyteries are required to perform a background investigation on all individuals seeking employment. I further recognize my responsibility to update this background disclosure in a timely manner should there be a change of status in any of the issues named above.

Signature:

Date:

X

Type or print your name:



RIVERMONT

EVANGELICAL PRESBYTERIAN CHURCH

Reference for:

You have received this reference form from a person who values your opinion. The material you provide will be placed with other materials to comprise the individual's Personal Information Form for use in the Evangelical Presbyterian Church.

You are being asked to provide as clear a picture of this person as possible through the attached reference form which includes an opportunity to comment. Indicate the qualities evidenced in this person's ministry at this time as you have encountered them. Bear in mind that other congregations and/or ministries rely on the completeness and accuracy of the information that you provide.

For your information, the person for whom you are completing this reference form has signed the following statement of consent:

I authorize the persons and entities, such as members of search committees of a prospective calling body or appropriate staff persons, to make inquiries regarding all statements contained in my Personal Information Form. I also authorize all persons referred to in the Profile as references, members of congregations I have served, or personal/professional colleagues to supply verification of the information provided in the Personal Information Form. I understand that such persons may comment on and state their opinions regarding all matters addressed in the profile including, without limitation, my background and character. To encourage such persons to speak openly and responsibly, I hereby release them from any claims or liabilities arising from their responses and comments if made in good faith and without malice.

If you need additional space to answer any questions, please attached a separate sheet (and ensure that the question number is included). Send completed Reference Form to:

Rivermont EPC
2424 Rivermont Avenue
Lynchburg, VA 24503

or you can scan and email to repcsearch@gmail.com

If the person asking for this reference provided the form to you as a hard copy, they should have also supplied a stamped envelope with this address for your use.

Please answer as many of the following questions as you are able. If you have no knowledge or opinion on any of the questions, please check "unknown."

1. In what capacity and how long have you known the candidate?

2. In comparison with other Children’s Ministry Leaders you have known, indicate:

- (1) Serious Deficiency (2) Below Average (3) Average
 (4) Above Average (5) Exceptional (6) Unknown

Teaching Ability	Serious Deficiency	Below Average	Average	Above Average	Exceptional	Unknown
Worship Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in and Fosters Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in and Fosters Discipleship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to encourage others to develop their gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earns loyalty of colleagues others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to objectively evaluate own strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental and emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Is he/she able to successfully work with others?

4. Does he/she show evidence of alcohol or other substance abuse? If so, please explain.

5. How does he/she handle anger or frustration?

6. Does he/she have any personal qualities that might hamper ministry effectiveness?

7. Would you recommend him/her as a Director of Children's Ministry ?

8. Please state your reservations if you are unable to recommend him/her.

9. Additional comments:

Signature:

Date:

X _____

Print Name:

Address:

Email:

Preferred Phone: