

MINISTER'S INFORMATION FORM

Louisville Regional Baptist Association
960 S 3rd St, Ste 100
Louisville, KY 40203-2216
Office (502) 635-2601
Fax: (502) 470-9882
Website: www.lrba.org

Use this space for a
current wallet-sized
family photograph

BIOGRAPHICAL INFORMATION:

Name: _____
Home Address: _____
City: _____ State: _____ ZIP _____
Birth Date: _____ Birthplace: _____
Marital Status: _____ Spouse's Name: _____ # Children at Home: _____
Residence Phone: _____ Office/Church Phone: _____
E-mail Address: _____

POSITION DESIRED (Mark the position(s) in which you would be interested with 1,2,3, etc.):

Pastor _____ Minister of Education _____ Minister of Youth _____ Associate Pastor _____
Minister of Music _____ Minister of Evang. & Outreach _____ Other _____

FORMAL EDUCATION:

High School: _____ Year: _____
College: _____ Year: _____ Degree: _____

Seminary: _____ Year: _____ Degree: _____

Other: _____ Year: _____ Degree: _____

Licensed? _____ By What Church? _____ City: _____ State: _____
Ordained? _____ By What Church? _____ City: _____ State: _____

EXPERIENCE (Begin with the most current position):

From To Church/Organization/Company City/State # Resident Members Position Held

MISSIONS GIVING INFORMATION:

How do you feel about supporting the Cooperative Program and your local Baptist Association? How have you contributed to these?

DENOMINATIONAL SERVICE:

(Include major positions held, writings, teaching assignments for assemblies, retreats, etc.)

BUSINESS AND/OR MILITARY EXPERIENCE:

CIVIC/COMMUNITY ACTIVITIES:

HOBBIES OR OTHER SPECIAL INTERESTS:

MARRIAGE INFORMATION:

Have you or your wife been divorced?

PERSONAL INFORMATION:

Do you use tobacco and/or alcohol products? _____ If yes, explain.

FINANCIAL INFORMATION:

Have you ever filed for bankruptcy?

LEGAL INFORMATION:

Have you ever been arrested by any law enforcement agency for committing a crime? _____ If yes, explain.

REFERENCES: Please list the names, addresses, phone numbers and e-mail addresses for the following references. Failure to complete the requested references may result in our inability to distribute your resume.

1. A Pastor Friend: _____

2. A layperson in a church you have served: _____

3. Your present Associational Director of Missions: _____

4. A non-Baptist Friend: _____

MINISTER'S SALARY INFORMATION

Complete this form and forward it with your completed biographical information form to:

Louisville Regional Baptist Association
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Fax: (502) 470-9882

Name: _____

Date: _____

Confidential (for office use only)

Please list your present salary or your salary needs. This information is for our office use only and enables us to share your name with churches that are prepared to meet your requirements.

Total Annual Salary: \$_____

Please check:

I would like my name to be shared with any church seeking a staff person with my qualifications.

Please send only to the churches meeting my salary requirements.