

Personal Data Inventory – Short Form

Adapted from a standard form for securing biological data developed by the
ADVISORY COMMITTEE ON PSYCHOLOGICAL ASSESSMENT OF THE UNITED METHODIST CHURCH

Applying For: (check one)

- Candidacy Certification Recertification
 Local Pastor License Renewal
 Professional Certification for _____
 Commissioning Elder Deacon Continuance
 Ordination Elder Deacon
 Appointment Request/Transfer

Please Enter Name of:

Conference _____
District _____
Supervising Mentor _____
Local Church _____

PERSONAL DATA

Full Name _____
Home Address _____ City _____ State _____ Zip _____
Cell Phone _____ Office Phone _____
School or Work Address _____
Email _____
Gender _____ Date of Birth _____ Age _____ Height _____ Weight _____ Ethnic Background _____ Race _____
Have you immigrated from another country? Yes No
Do you feel comfortable reading/writing in English? Yes No What is your preferred language? _____

APPOINTMENT

Where are you currently appointed? _____
Did you change appointments in the last year? Yes No
If so, where were you appointed previously? _____

FAMILY

YOUR MARITAL STATUS Single Engaged Married Separated Divorced Widow(er)

If married, spouse's name _____ Age _____ Date of current marriage _____

Any changes in your marital status in the past year? Yes No

If yes, please explain _____

Any changes in your spouse's employment or income? If so, please explain _____

Any changes in your spouse's support of your ministry? If so please explain _____

Please include all children whether dependents or adult children, living at home or independently, or from another marriage or relationship.

Children living at home (give name and age)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Children NOT living at home (give name and age)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Child support paid, if any \$ _____ per month.

Other dependents _____

EDUCATION

YOUR SECONDARY EDUCATION

Year graduated from high school or obtained equivalency diploma _____

YOUR POST SECONDARY EDUCATION

Type of School	Name of School and Location	Dates Attended (mo/yr) from to	Type of course or major subject	Number of college credits received	Degree received or expected	Date of Degree
College						
Seminary						
Other School						

Is the seminary [University Senate](#) Approved: Yes No

STRENGTHS AND GROWTH AREAS

List three (3) of your most important strengths or outstanding traits and three (3) of your weaknesses or areas of needed growth (order 1-2-3)

Strengths/Outstanding Traits

- 1. _____
- 2. _____
- 3. _____

Weakness/Growth Areas

- 1. _____
- 2. _____
- 3. _____

PHYSICAL HEALTH INFORMATION

Rate your physical health: Very good Good Average Poor Declining

List all important physical difficulties: _____

Recent weight changes: Yes _____ No _____ Reason _____

EMOTIONAL HEALTH INFORMATION

Rate your emotional health: Very good Good Average Poor Declining

Have you ever been treated or seen by a counselor or psychiatrist: Yes No

If yes, how many sessions? _____ From (date) _____ to _____

Nature of problem(s) _____

Have you ever been prescribed medication for depression, anxiety or other mental health condition? Yes No

If yes, please state the name of the medicine(s) and the reason you are taking them: _____

Are you aware of ever being given a mental health diagnosis? If so, please provide the name of the diagnosis or any information regarding it: _____

I hereby certify that the information provided on this form is accurate.

Signed _____ Date _____