

**INFORMATION REVIEW FOR AUTHORIZED MINISTERS
WESTERN ASSOCIATION, MISSOURI MID-SOUTH CONFERENCE
UNITED CHURCH OF CHRIST**

Statement of Purpose

“All Authorized Ministers are expected to participate in...Information Reviews in order to maintain their authorization”
(United Church of Christ Manual on Ministry, Section 8, page 9). This instrument is a means for ministers to participate in the Information Review.

As you answer the questions, please reflect on the Year 2008 as the period of review

Name _____

Current Calling Body _____

If serving a church, list current Council President’s name, address and phone number for the Conference database

Location of Church Membership _____

Home Mailing Address _____

Office Mailing Address _____

Office Telephone _____ Home Telephone _____

Cell Phone _____ Fax _____

Email Address _____



If the space below does not allow you to respond fully to the following questions, please add additional pages. If the question or statement does not fit your current situation, please re-word appropriately.

1. Describe your primary duties/functions in your present ministry setting.

2. What gives you the greatest sense of satisfaction or accomplishment in this ministry?

9. In what ways would more support be appreciated?

10. In what ways have you maintained your covenant relationship with the United Church of Christ during the period covered by this report? Please check all that apply:

- Received Mo Mid-South e-connections and/or The Courier & UC News
- Attended an Association Meeting
- Attended Cluster or Association clergy groups
- Attended the Conference Faithworks
- Served on an Association/Conference/National Committee or Board
- Served on an Ecumenical or Interfaith Committee or Board
- Completed Boundary Training within the last three years and have proper documentation of it in the Conference Office

11. Please check any of the following that apply to you.

- I am planning to retire from active ministry on _____
- I am currently retired.
- I have personal concerns that I would like to discuss, e.g. health issues, changing marital status, religious issues, etc. with my Committee on Ministry, Association Minister/ Conference Minister.
- I have professional concerns that I would like to discuss with my Committee on Ministry, Association Minister/ Conference Minister.
- I am willing to serve on an Association or Conference Committee or Board

Signature_____

Date_____

Please sign, date, and send to:

Western Association Committee on Ministry, 411 East Lockwood Avenue, St. Louis, MO 63119



Contact your Association when:

- Your call, address, or other contact information changes.
- You have personal or professional concerns and need support.