

# Hollyview Family Fellowship

North American Baptist

14905 SE 257<sup>th</sup> • Damascus, OR 97089  
(503) 658-5680

## Pastor • Application

### Biographical Information

Name: \_\_\_\_\_

Phone(home): \_\_\_\_\_ Phone(work): \_\_\_\_\_ Phone(cell): \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Present Church Membership: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you on social network? Facebook Y N Twitter Y N Other Y N If yes: \_\_\_\_\_

Marital Status?  Single  Married  Widowed  Divorced  Divorced & Remarried

If separated, divorced, or remarried please explain: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Citizenship: \_\_\_\_\_

### Educational Information (Post High School) & Credentials

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Ordained:  No  Yes If Yes, Please provide information below.

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_ Date(M/D/Y): \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Church Experience

(Please list churches served in descending order starting with current/most recent church. Complete all information for each church served.)

**Current/Most Recent** Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_ Denomination: \_\_\_\_\_

Type of Community:  Developing  Settled, but growing  Stable  Declining

Worship attendance went from: \_\_\_\_\_ to \_\_\_\_\_ Degree this church matched style and preferences: \_\_\_\_\_ %

Primary Reason for leaving \_\_\_\_\_

Do any of your key leaders know you are making yourself available for the Lord's leading to another church?  Yes  No

Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_ Denomination: \_\_\_\_\_

Type of Community:  Developing  Settled, but growing  Stable  Declining

Worship attendance went from: \_\_\_\_\_ to \_\_\_\_\_ Degree this church matched style and preferences: \_\_\_\_\_ %

Primary reason for leaving: \_\_\_\_\_

Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_ Denomination: \_\_\_\_\_

Type of Community:  Developing  Settled, but growing  Stable  Declining

Worship attendance went from: \_\_\_\_\_ to \_\_\_\_\_ Degree this church matched style and preferences: \_\_\_\_\_ %

Primary reason for leaving: \_\_\_\_\_

Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_ Denomination: \_\_\_\_\_

Type of Community:  Developing  Settled, but growing  Stable  Declining

Worship attendance went from: \_\_\_\_\_ to \_\_\_\_\_ Degree this church matched style and preferences: \_\_\_\_\_ %

Primary reason for leaving: \_\_\_\_\_

## Narrative

(If additional space is needed continue on additional pages.)

Briefly tell the story of your conversion and baptismal experience:

Briefly tell the story of your call to ministry:

Why are you considering leaving your present position?

What is the reason you've chosen to apply for this position?

How have you seen God working in your life in this past year?

## Narrative continued

Tell us your story. (Include strengths, spiritual victories, areas needing growth, spiritual defeats, etc.)

## Self Evaluation

There is general agreement that the following ministry skills are essential to ministerial effectiveness. Using the five-point scale that follows rate yourself in each of the functions.

1. Minimal effectiveness (limited competence of achievement)
2. Somewhat effective (some instances of achievement)
3. Effective (more effective than ineffective)
4. Quite Effective (significant achievement)
5. Very effective

Skill	Rating
Effective Communicator	
Evangelism	
Visionary Leadership	
Shepherding	
Pastoral Care	
Ability to relate to people of all ages	
Worship Leadership	
Administration	
Leadership Development	
Servant Leadership	

## References

Please supply at least three references. At least two should be members of your current or most recent church, and all should be able to assess your ministerial functions, ministry style, and spiritual gifts. Please exclude close familial relationships.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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 Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

## Statement of Consent

Please indicate that you have read and are in agreement with the following:

North American Baptist Statement of Beliefs:  Yes  No

NAB Pastoral Code of Ethics:  Yes  No

These can be found at:

<https://nabconference.org/wp-content/uploads/2014/10/NAB-Statement-of-Beliefs-and-Affirmation-of-Marriage-ADOPTED-by-Triennial-Delegates-July-5-2012.pdf>

<https://nabconference.org/wp-content/uploads/2016/12/CODE-OF-MINISTERIAL-ETHICS.pdf>

Will you consent to a background check?  Yes  No

Will you consent to a credit check?  Yes  No

We are all called to honesty and a commitment 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.

1. I attest that the information contained in my pastoral profile is true and complete to the best of my knowledge.
2. I authorize 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 pastoral profile. 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 pastoral profile. I understand that such persons may comment on and state their opinion 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 response and comments if made in good faith and without malice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print or type name: \_\_\_\_\_

Comments: