

Information Review for Vermont Conference Ministers

➤ Please return this form by **MAY 15th**

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*) This document is a means for authorized ministers to participate in the Information Review in order to uphold the covenantal relationship with the Vermont Conference.

- This is REQUIRED of authorized ministers so that the Conference Office has up to date and accurate contact information
- Information on this sheet will be kept CONFIDENTIAL within the VT Conference Office.

Period of Review: **2013 and 2014 – 2 Years**

Name: _____

Local Church Membership: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Mobile Telephone: _____

Work Telephone: _____ (if applicable)

Email address: _____

I hold Ministerial Standing in: _____
(Name of Association and Conference)

Have you participated in a Boundary Awareness Training in the last 3 years? ____yes ____ no

How have you maintained your covenantal relationship with the UCC in the past two years?

- Attended an Association Meeting
- Attended an Installation or Ordination
- Attended the Annual Meeting of Vermont Conference
- Participated in Special Offerings of the UCC
- Attended General Synod as a visitor or delegate (voting/non-voting)
- Served on an Association/Vermont Conference/National UCC Committee or Board
- Other: _____

- **Are *fully retired?* – You are done with this form! If you are *actively serving a church, or retired and engaged in ministry in any setting* please continue.**

Current Call: _____ (*please expand on this if you'd like!*)

Position Title: _____ Date Service Began: _____

If you need more space to respond fully to the following questions, please use additional pages.

1. What gives you the greatest sense of satisfaction or accomplishment in your ministry?

2. What are your most significant challenges/concerns in providing ministry in this setting?

3. List any continuing education programs/workshops/courses attended/certifications received in the past two years.

4. Please check any/all that apply to you:
 - I participate in a regular clergy group. Location: _____
 - I would like time for a conversation with the Vermont Conference Minister/Associate Conference Ministers.
 - I would like to invite the Vermont Conference Minister/Associate Conference Ministers to visit my church.
 - I would like time for a conversation with the Ministerial Standards and Standing Committee of the VT Conference.
 - I would like time for a conversation with the Committee on Ministry of my Association (*for those holding standing in Windsor-Orange, Grafton-Orange and Southwest*).
 - I would like to share the following JOY! (or concern), question or comment, health information... (*anything at all*):

Please sign, date and send to: The Vermont Conference, 36 N Main St, Randolph VT 05060 or fax: #802-728-4072, or electronically submitted to Kim at Edgark@vtucc.org.

Signature: _____ **Date:** _____

➤ **Please contact the Vermont Conference Office when:**
Your call, address, or other contact information changes and/or you have personal or professional concerns and need support

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