Date completed	
Interim Ministry Profile Update	
(to be attached to current profile)	UCC Conference/DOC Region
PERSONAL INFORMATION	
Name	Phone (H)
Address	(O)
City State Zip	(cell)
Email	fax number
Ordained by	Date
Association or Region holding current ministerial standing	
Basic trainingYesNo Provided by (i.e., IMN)	
Special certifications	
Other	
What is your understanding of interim ministry within the context of (Disciples of Christ)/United Church of Christ?	ministry in the Christian Church

PROFESSIONAL RECORD

Most recent Interim and Settled Ministries (not appearing on mi	nisterial/relocation profile)
Name	Date
Address	Phone
Name	Date
Address	Phone
Name	Date
Address	Phone
AVAILABILITY AND POSITION SOUGHT	
Date available Expected maximum do	uration of interim
Willingness to relocate/geographic requirements	
I would be interested in: (check as many as apply)	
Church size:SmallMediumLarge	Interim Pastor (solo)
Sustaining/Maintenance Interim (state FT/PT) .	Interim Senior Pastor
Transitional Interim (state FT/PT)	Interim Associate Pastor
	Pulpit Supply
What size (worship attendance) congregations have you served	I and in what capacity?
DEFEDENCES	
REFERENCES Give three (3) telephone references from your recent pastoral	utes:
Name	
Address	
Name	
Address	
Name	
Addroso	Dhono

FOR DENOMINATIONAL STAFF USE ONLY What criteria do you use for discerning an appropriate call for you?		
GIFTS YOU BRING TO INTERIM MINISTRY		
(Please note the following with S = skill; E = exper	rience; T = training	
Parish self-appraisal	Church closing	
Fiscal management	Dynamics of long-term pastorate	
Small group process	UCC Polity	
Transition issues	DOC Polity	
Conflict management	Church staff issues	
Strategic planning	Following pastoral misconduct	
Federated, union, yoked parishes	Experience with open-and-affirming process	
Experience with racial/ethnic churches		
Transition from pastoral to program churc	hes	
Stewardship development		
Church revitalization		
Other		
SALARY/BENEFITS EXPECTIONS		
Base salary range	_	
Housing allowance	Social Security offset	
Parsonage	Professional reimbursements	
Pension	Continuing education	
Health insurance	Other	
Disability		
Dental insurance		
Life insurance		
	s will I allow my name to be considered as a possible candierving as an Interim Minister. I understand that if I allow my II my ministerial ethics into question.	
Interim Minister's Signature	Date	
Regional/Conference/Association Representative's Sign	nature Date	