

**Eastern Ohio Association – Informational Review Form - 2011**  
 (please complete both sides of form)

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

**Name of the church or organization where you are in ministry:**

**Current Status:**

- Ordained Minister \_\_\_\_\_ year ordained     Commissioned Minister     Licensed Minister

**Current Position:**

(Check one)

<input type="checkbox"/> Pastor (P)
<input type="checkbox"/> Co-Pastor (CP)
<input type="checkbox"/> Associate or Assistant Pastor (AP)
<input type="checkbox"/> Pastor Emeritus (PE)
<input type="checkbox"/> UCC Pastor serving a church of another denomination (PD)
<input type="checkbox"/> Minister from another denomination serving a UCC Church (OD)
<input type="checkbox"/> Minister of Visitation (MV)
<input type="checkbox"/> Youth Minister (YM)
<input type="checkbox"/> Christian Education Ministry (CE)
<input type="checkbox"/> Minister of Music (MM)
<input type="checkbox"/> Interim Minister (IN)
<input type="checkbox"/> Retired (RT)

<input type="checkbox"/> Chaplain (CH)
<input type="checkbox"/> CPE Supervisor (CPE)
<input type="checkbox"/> Healthcare Chaplain (HC)
<input type="checkbox"/> Military Chaplain (MC)
<input type="checkbox"/> Prison Chaplain (PC)
<input type="checkbox"/> Institutional Chaplain (IC)
<input type="checkbox"/> Pastoral Counselor (PS)
<input type="checkbox"/> Campus Ministry (CM)
<input type="checkbox"/> Educational Ministry (EDM)
<input type="checkbox"/> Ecumenical Ministry (EM)
<input type="checkbox"/> Denominational Ministry (DM)
<input type="checkbox"/> Health/Welfare Ministry (HWM)
<input type="checkbox"/> Missionary (MS)
<input type="checkbox"/> Leave of Absence (LOA)

**If none of the categories above apply to you, please describe your current position and how you see it as a ministry requiring authorization:**

**Who is your calling body?** “A calling body is an organization or institution – a local church, Conference, pastoral counseling center, etc – that seeks the services of an ordained, commissioned, or licensed minister of the United Church of Christ” (p 10, section 10, Manual on Ministry)

To confirm our records and clergy data base are up-to-date, please complete the following:  
(Note: home addresses and phones are needed, but will no longer be printed in the EOA Directory)

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax \_\_\_\_\_

Birth date: \_\_\_\_\_ (xx/xx/xxxx)

Church/Organization Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Church/Organizational Email: \_\_\_\_\_

Church/Organizational Web Page: \_\_\_\_\_

Church Membership(check one)  Same as above **OR**  Name & Address & Phone # :

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Emergency Contact Person: (who & how)

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\_\_\_\_\_ I have personal concerns that I would like to discuss, e.g. health concerns, changing marital status, spiritual issues, etc. with my Committee on Ministry, and/or Association Staff.

\_\_\_\_\_ I have professional concerns that I would like to discuss with my Committee on Ministry and/or Association Staff.

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Signature

Date

**Please return to: EOA/WRA SUPPORT CENTER.  
Attn: Machel Miller  
2560 Clearview Ave NW  
Canton, OH 44718**

**Thank you!**