

MINISTER'S PROFILE

The Evangelical Free Church of America
 901 East 78th Street
 Minneapolis, MN 55420

Dated: _____

Last Name		First Name		Middle Name		Date of Birth	
Home Street Address				City		State	Zip
Office Address				City		State	Zip
Telephone No Home ()		Work ()		Fax ()			
E-mail				Social Security No			
<input type="checkbox"/> Married <input type="checkbox"/> Single		Spouse's Name		If Yes, Date of Marriage			
Children		DOB		Children		DOB	
_____		_____		_____		_____	
_____		_____		_____		_____	
Licensed with				Date			
Ordained with				Date			
Church name before entering ministry				City		State:	
Presently serving (list church or organization and location)				City		State:	
Present Church Membership				City		State	
Education				Date		Major	
Name of School (Do not abbreviate)							
City, State							
Name of School (Do not abbreviate)							
City, State							
Name of School (Do not abbreviate)							
City, State							
Name of School (Do not abbreviate)							
City, State							
Service Record		Church or Institution (Include City and State)				Position	
From	To						
Chaplain <input type="checkbox"/> Yes <input type="checkbox"/> No		Serving at					
Branch of Service: Active		<input type="checkbox"/> Yes <input type="checkbox"/> No		Current Rank: _____			
<input type="checkbox"/> Air Force (active)	<input type="checkbox"/> Army (active)	<input type="checkbox"/> Navy (active)		<input type="checkbox"/> Veterans Administration Hospital			
<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Navy Reserve	<input type="checkbox"/> Army National Guard		<input type="checkbox"/> Civil Air Patrol			
<input type="checkbox"/> State Military Reserve	<input type="checkbox"/> Other _____						
The Evangelical Free Church of America (has) (does not have) my permission to release the information contained in this document.							
Signature _____				Dated: _____			