

PROFESSIONAL LEADERSHIP REGISTRY PROFILE FOR DC BAPTIST CONVENTION

Title: Circle One	First Name	Middle	Last Name
Pastor/Interim/ Assist Min/Youth Min/Min Music/Staff Min/Associate Min/Chaplain/Retired	Address:		
	Phone: (h)	Cell:	
	Work:		
	E-mail address:		
Gender: M/F	Church of Membership or Service:		
Birth Date:	Phone:		
	Website:		
Picture of Minister	EDUCATION		
	Degree: _____	School _____	Year _____
	Degree: _____	School _____	Year _____
	Degree: _____	School _____	Year _____
	Degree: _____	School _____	Year _____
Educational Status: MDiv/D.Min/Phd	Student Status: Student working toward BA/MDiv		

ORDINATION INFORMATION

Date: _____ Kind of Ordination/Denominational Identity: _____

Place: _____ Church _____

MINISTERIAL EMPLOYMENT HISTORY		Start: _____
Position Title:		End: _____
Organization Name:		
Address:		
Phone:		
Previous Position:		Start: _____
Organization Name:		
Address:		End: _____
Previous Position:		Start: _____
Organization Name:		
Address:		End: _____

Do you wish to be included in the DC Baptist Convention Professional Leadership Registry? Yes ___ No ___