BIOGRAPHICAL INFORMATION
NEW ARP MINISTERS AND NEW CANDIDATES FOR THE MINISTRY

NAME: _____
First Name Middle Initial Last Name

MAILING ADDRESS: _____

PHONE #: _____ E.MAIL: _____

DATE OF BIRTH: _____ NAME OF SPOUSE: _____

COLLEGE AWARDING UNDERGRADUATE DEGREE _____

UNDERGRADUATE DEGREE(S) _____

FOR MINISTERS

MINISTERIAL CATEGORY:

- ☐ PASTOR*
- ☐ ASSOCIATE PASTOR*
- ☐ MISSION DEVELOPER*
- ☐ SYNOD/SYNOD AGENCY EMPLOYEE*
- ☐ CHAPLAIN
- ☐ OTHER
- ☐ RETIRED
- ☐ WITHOUT CHARGE
- ☐ MISSIONARY
- ☐ SPECIAL MINISTRY
- ☐ EVANGELIST*
- ☐ TENT-MAKING (Less Than 20 Hrs. Per Week)

* Attach or Send a copy of the Call.

DATE OF ORDINATION_____

ORDAINING BODY: _____

IF RECEIVED BY TRANSFER OR STATEMENT FROM OUTSIDE ARP DENOMINATION:

- DATE RECEIVED: _____
- TRANSFERRING BODY (OR LAST DENOMINATIONAL AFFILIATION): _____

SEMINARY AWARDING GRADUATE DEGREE: _____

SEMINARY/UNIVERSITY AWARDING POST-GRADUATE DEGREE: _____

- POST-GRADUATE DEGREE: _____

DATE SCHEDULED FOR ORIENTATION: SPRING _____ FALL _____

FOR CANDIDATES FOR MINISTRY

- DATE TAKEN UNDER CARE: _____
- SEMINARY ATTENDING: _____
- SEMINARY CLASS: _____
- CHURCH MEMBERSHIP: _____

MAIL COPY or EMAIL TO: Executive Director of Central Services
Associate Reformed Presbyterian Center
One Cleveland Street, Suite 110
Greenville, SC 29601-3696
pbell@arpsynod.org