

SIZE OF PARISH: (Check all that apply)

- 1. 1_75 Baptized
- 2. 76_200
- 3. 201_500
- 4. 501_800
- 5. 801+

MINISTRY SETTING: (Check all that apply)

- 1. Rural
- 2. Town_2,500_5,000
- 3. City (5,000-10,000)
- 4. City (10,000-25,000)
- 5. City (25,000-50,000)
- 6. City (50,000-100,000)
- 7. City (100,000-200,000)
- 8. Large City (200,000+)
- 9. Open to Serving Outside Continental U.S.

TYPE OF PARISH/MINISTRY: (Check all that apply)

- 1. Single Parish
- 2. Multiple Parish
- 3. Sole Pastorate (Not part of a team)
- 4. Team_Senior
- 5. Team (Assistant/Associate)
- 6. Native American Ministry
- 7. Black Ministry
- 8. Hispanic Ministry
- 9. Asian Ministry
- 10. Deaf Ministry
- 11. Campus Ministry
- 12. Institutional Ministry
- 13. Work with School
- 14. New Work/Church Planter
- 15. Urban
- 16. Inner City
- 17. Suburban
- 18. Bivocational

Name _____

SPECIAL CONCERNS

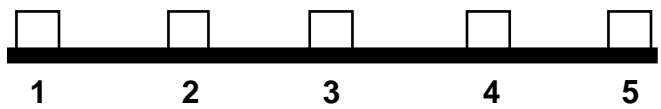
- Yes No
- Restricted Status Suspended Status

Phone No. _____

LITURGICAL ATTITUDES (Check all that apply):

- | | | | | |
|-----------------|----|--------------------------|----|--------------------------|
| | | Rigid | | Flexible |
| Traditional | 1. | <input type="checkbox"/> | 4. | <input type="checkbox"/> |
| High Liturgical | 2. | <input type="checkbox"/> | 5. | <input type="checkbox"/> |
| Contemporary | 3. | <input type="checkbox"/> | 6. | <input type="checkbox"/> |

THEOLOGICAL POSITION (Check one)



ANY REASON OR DESIRE TO MOVE: Yes No

Comment

PASTOR'S MARITAL STATUS:

No. of times married _____ No. of times divorced _____

Comments _____

ADDITIONAL INFORMATION ON WIFE

Ethnic Background _____

No. of times married _____ No. of times divorced _____

Attitude Toward the Ministry _____

Interests/desires concerning employment _____

AdditionalComments _____

CURRENT SALARY AND BENEFITS INFORMATION:

The total cash salary for 12 months of service excluding any housing allowance is: _____

Housing Provided? Yes No Housing Allowance? Yes No If so Amount _____

Housing equity? Yes No If so Amount _____ Utilities? Yes No If so, Amount? _____

Participates in Social Security? Yes No Continuing Education Allowance _____

Is Car Provided? Yes No Annual Car Allowance/Mileage Reimbursement _____ Car Replacement _____

Concordia Health Plan? Yes No Explain: Worker Only Worker_Spouse Worker, Spouse, and Children

Concordia Retirement, Disability and Survivor Plan? Yes No

Other Reimbursements? _____

Name _____

Name _____

PROFILE

1 = Weak, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Outstanding

PERSONAL SKILLS

- Tact _____
- Patience _____
- Cooperation _____
- Initiative _____
- Administration _____
- Leadership _____
- Innovation _____
- Creativity _____
- People Skills _____
- Community Involvement _____
- Personal Grooming _____
- Openness to Continuing Education _____
- Conference Participation _____
- Computer Literate _____

ATTITUDE TOWARD

- Christian Day School _____
- Synod _____
- District _____

EXCEPTIONAL ABILITIES

PASTORAL/SPECIALIZED MINISTRY SKILLS

- Children's Ministry _____
- Youth Ministry _____
- Young Adult Ministry _____
- Singles Ministry _____
- Older Adult Ministry _____
- Family Ministry _____
- Ministry to Inactives _____
- Small Group Ministry _____
- Assimilation of New Members _____
- Lay Leadership Development _____
- Personal Witnessing _____
- Counseling _____
- Preaching Content _____
- Preaching Delivery _____
- Teaching Ability _____
- Worship _____
- Stewardship _____

VISITATION

- Sick_Shutin Visitation _____
- Outreach Visitation _____
- Home Visitation _____

SPECIALIZED TRAINING/CERTIFICATION (Check all that apply)

- | | | | |
|------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Conflict Resolution Training | <input type="checkbox"/> | Evangelism Training | <input type="checkbox"/> |
| Crisis Intervention Training | <input type="checkbox"/> | Stephen Ministry Training | <input type="checkbox"/> |
| Trained Intentional Interim Pastor | <input type="checkbox"/> | Clinical Pastoral Education (CPE) | <input type="checkbox"/> |

ADDITIONAL INFORMATION_REMARKS

SET: Yes No Date of SET _____ Information Supplied by _____ President _____

Date Evaluation Performed _____ of the _____ District _____

Performed by: _____ The Lutheran Church-Missouri Synod

Date Evaluation Last Reviewed: _____

Name _____

DATE PIF LAST MODIFIED: 1/20/2007