



The Presbytery of Scioto Valley

Certified Ruling Elder Personal Information Form

Name:		
Preferred Phone:		
Alternate Phone:		
Fax:		
E-Mail:		
Address:		
Actively Seeking?		
Ecclesiastical Status:		
Presbytery Membership:		
Formal Education:		
Certification Sate: (Month and Year)		
Continuing Education:		
Other Training:		
Employment type:		
Positions applied for:	Experience Level:	
•	•	
Geographic choices: Within Presbytery of Scioto Valley and A ?? mile radius of my home.		

Leadership Competencies

10 Top Leadership Competencies

1.

Languages fluent:

Other Languages: No

Filing as clergy couples? No

Minimum effective salary: See recommended Scioto Valley Compensation Guidelines

Housing:

Willing to serve church of other race?

Work experience:

Spiritual Leadership, Pastoral Care, and Church Administration

Secular Employment

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Other services to church or denomination for the past 10 years:

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Describe a moment in your recent ministry that you recognize as one of success and fulfillment.

Describe the ministry setting to which you believe God is calling you.

What areas of growth have you identified in yourself?

Describe a time when you have led change.

Statement of Faith:

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References:					
#	Name	Relation to You	Phone	Address	Email
1					
2					
3					
4					
5					
6					

I hereby authorize those inquiring into my suitability to contact my reference

Signature _____ Date _____

Sexual Misconduct Self-Certification Statement:

I certify below that no civil, criminal, ecclesiastical complaint has ever been sustained* or is pending* against me for sexual misconduct; and I have never resigned or been terminated from a position for reasons related to sexual misconduct.

I have read this certification and release form and fully understand that the information obtained may be used to deny my employment or any other type of position from the employing entity. I also agree that I will hold harmless the employing or judicial authority or any other entity from any and all claims, liabilities, and causes of action for the legitimate release of any information related to sexual misconduct.

Signature _____ Date _____