



## Annual Information Review Form – 2017

### United Church of Christ Authorized Ministers

“All authorized ministers are expected to participate in . . . Information Reviews in order to maintain their authorization.” (United Church of Christ Manual on Ministry) This document is a means for authorized ministers to participate in the Information Review in order to uphold the covenantal relationship with their Conferences and Associations.

**Your Response Needed by: January 31, 2018**

Name: \_\_\_\_\_ Review Period (Year): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I prefer not to have my personal contact information in the

- UCC Yearbook  
 NHCUCC Directory

Check which personal information should not be listed:

- Mailing Address  
 Home Telephone No.  
 Mobile Telephone No.  
 Email Address

My Current Ministry Setting: \_\_\_\_\_

Ministry Setting Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date Ministry Began Here: \_\_\_\_\_

My local church membership is with: \_\_\_\_\_  
(Name of Local Church & Town)

My ministerial standing is held by: \_\_\_\_\_  
(Association & Conference)

Ministerial Standing Type: \_\_\_\_\_ Year Authorized in the UCC: \_\_\_\_\_

**OM** = Ordained Minister with Full UCC Standing - Active

**LM** = Licensed Minister with Full UCC Standing - Active

**CM** = Commissioned Minister with Full UCC Standing - Active

**OMP** = Ordained Ministerial Partner Standing - Active

**DS** = Dual Standing

**FR** = Full Standing with UCC – Retired

Please respond to the following:

1. Describe your primary responsibilities/functions in your present ministry setting(s).
2. List any continuing education experiences from this past year and provide a brief summary of how these will be important in your practice of ministry.
3. Describe a formative event or practice in your faith/spiritual journey during the past year.
4. Please identify the date, location, and facilitator of your most recent boundary awareness training: \_\_\_\_\_

5. How have you maintained your covenantal relationship with the United Church of Christ during the past year? Please check all that apply:

Attended an Association meeting.

Attended the annual meeting of the New Hampshire Conference, U.C.C.

Participated in and advocated for OCWM and other special offerings of the UCC.

Attended General Synod as a visitor or a delegate.

Served on an Association/Conference/National UCC Board or Committee.

Other: \_\_\_\_\_

6. Please check any of the following that apply to you:

I am planning to retire from active ministry on \_\_\_\_\_

I would like to be part of a ministerial support group.

I already am part of a Pastoral Leadership Development Group or the Newly-called in the NHCUCC Group.

I would like an appointment with my Committee on Church & Ministry.

I would like an appointment for conversation with my Conference Minister / Associate Conference Minister.

7. What else do you want to communicate to your Committee on Church & Ministry?

As you provide your information, please highlight anything that represents a change. Complete and sign this form, and then return it to [registrar@nhcucc.org](mailto:registrar@nhcucc.org) or mail it to Registrar; New Hampshire Conference, U.C.C.; 140 Sheep Davis Road; Pembroke, NH 03275-3711. The Conference office will relay your information to your Association and to the United Church of Christ national office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Always contact your Association and/or Conference when:**

Your call, address, or other contact information changes.

You have personal or professional concerns that need attention and support.