

Contact Information Form

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The Conference Administration and its staff need to be able to contact you, sometimes on very short notice, to notify you of teleconferences that have been called, etc., and to relay to you other timely information. All cell phone or other numbers will be kept confidential unless you instruct otherwise. Thank you for helping us to serve you better.
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Employee Name: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address if different from above (for UPS/FedEx deliveries):

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

My contact information may be shared with others

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Employee Birthday: _____ Wedding Anniversary: _____

Spouse's Name: _____ Spouse's Birthday: _____

Spouse's Cell Number: _____ Spouse's Work Number: _____

Spouse's Email Address: _____ Spouse's Fax Number: _____
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Emergency Contact Person: _____

Emergency Contact Number: _____

Backup Emergency Contact Person: _____

Backup Emergency Contact Number: _____





If in the pastoral ministry, have you been ordained? Yes No

If ordained, please indicate your date of ordination: _____

If in the teaching ministry, please indicate the certificate you hold and the date of issue:

Date of entry into denominational service: _____



Service Record

If you have been denominationally employed, please provide the name of the conference where you were most recently employed. We need this information to facilitate our request for the transfer of your service record.

Name of Conference/Union