



# NEW PASTOR FORM

## Form to be filled out by the Area Pastoral Care Leader

1. Pastor's name \_\_\_\_\_ Spouse \_\_\_\_\_

2. Church name \_\_\_\_\_ AVC church number \_\_\_\_\_

3. Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

4. Effective date began as Senior Pastor \_\_\_\_\_

5. Number of years in the Vineyard \_\_\_\_\_

6. Education \_\_\_\_\_

7. Family information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Home address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

9. Personal email address \_\_\_\_\_

10. Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Spouse's birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Anniversary \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. Ordained date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Licensed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

12. Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signatures*

*Date*

APCL \_\_\_\_\_

\_\_\_\_\_

RO \_\_\_\_\_

\_\_\_\_\_

ND \_\_\_\_\_

\_\_\_\_\_