



Annual Information Review Form – 2020
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 15, 2021

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 (Check all that Apply):

OM = Ordained Minister with Standing in the United Church of Christ

CM = Commissioned Minister with Standing in the United Church of Christ

LM = Licensed Minister with Standing in the United Church of Christ

OMP = Ordained Ministerial Partner Standing

DS = Dual Standing

LOA = Leave of Absence

RT = Professionally Retired from Active Ministry

E = Exempt Standing (see Manual on Ministry 2018 edition, pages 56ff.)

Date of Ordination/Commissioning/Licensure: _____

Ordained/Commissioned/Licensed by Association, Conference, or other* Denomination (*if other, please provide name and address of Denomination): _____

Year Authorized in the UCC: _____

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, UCC.
- 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 (Chaplain, Retired Clergy, Part-time Ministry).
- I already am part of a Pastoral Leadership Development Group or the Newly-called in the NHCUCC Group.
- I would like to be 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 or mail it to Registrar; New Hampshire Conference, UCC; 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.