



Information Form for Assessment Center – PART 1

This form can be downloaded and completed on your computer.

Questions regarding this form please contact New Beginnings c/o Converge MidAtlantic 704-405-1424, dcummings@nbccministries.org or pastor@nbccministries.org. Complete and mail this form to New Beginnings c/o Converge MidAtlantic, 7027 Stillwell Road, Matthews, NC, 28105 ATTN: Dimmis

A. Candidate Information

Full Name:				Date:	/ /
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address					
	<i>Street Address</i>				<i>Apartment/Unit #</i>
					-
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Phon	() -	Work Phone:	() -	E-mail Address:	
Name, as you would like it to appear on a name tag			Spouse's Name on Name tag		
Date and Place of Birth:	/ /		SS#:	- -	
Present Church Membership:				Phone:	() -
Church Address:					-
	<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>

B. Family Information

Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Engaged <input type="checkbox"/> (if engaged, list info for fiancé)					
Date of Marriage:	/ /	Spouse Name:		Date of Birth:	/ /
Is your Spouse currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		If so Where:			
Have you ever been divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of divorce: / /					
Your Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date / /					
Children:					
Name	Relationship	Birth Date	Dependent	Health	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
		/ /		Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Are you expecting a child, please give approximate date of birth: / /					
Your Health: Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			Your Spouse Health: Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		
Please explain any box that is checked Fair or Poor for any member of the family:					
Your Racial and ethnic origin: Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Your Spouse Racial and ethnic origin: Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, which Language (s)					
Is your spouse bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, which Language (s)					

Information Form for Assessment Center page 3

What books of all types (except for student texts and required references have you read during the past 12 months?

Name of Book	Author	Name of Book	Author

What magazines and/or periodicals of all types do you read on a regular basis?

D. Previous Work Experience

Please begin with your most recent employment and go back to the year of college graduation, accounting for any periods of unemployment. *Do not include church experience here.*

Company:		Phone:	() -
City/State:		Supervisor	
Responsibilities:			Job Title:
From:	/	To:	/
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	() -
City/State:		Supervisor	
Responsibilities:			Job Title:
From:	/	To:	/
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Information Form for Assessment Center page 4

Company:				Phone:	() -
City/State:				Supervisor	
Responsibilities:				Job Title:	
From:	/	To:	/	Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
City/State:				Supervisor	
Responsibilities:				Job Title:	
From:	/	To:	/	Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
City/State:				Supervisor	
Responsibilities:				Job Title:	
From:	/	To:	/	Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
City/State:				Supervisor	
Responsibilities:				Job Title:	
From:	/	To:	/	Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
City/State:				Supervisor	
Responsibilities:				Job Title:	
From:	/	To:	/	Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Information Form for Assessment Center page 5

Spouse's Work Experience (Include Church Experience)

Company:		Phone:	()
City/State:		Supervisor	
Responsibilities:			Job Title:
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	() -
City/State:		Supervisor	
Responsibilities:			Job Title:
From:	/	To:	/
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	() -
City/State:		Supervisor	
Responsibilities:			Job Title:
From:	/	To:	/
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	() -
City/State:		Supervisor	
Responsibilities:			Job Title:
From:	/	To:	/
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	() -
City/State:		Supervisor	
Responsibilities:			Job Title:
From:	/	To:	/
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Information Form for Assessment Center page 6

E. Church Experience

Church Name:		Phone: () -		Denomination:	
				-	
Address			City		State
					Zip Code
			to		
Position			Served Month/Year to Month/Year		
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
Membership went		Worship attendance		Finances on monthly basis	
Church Name:		Phone: () -		Denomination:	
				-	
Address			City		State
					Zip Code
			to		
Position			Served Month/Year to Month/Year		
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
Membership went		Worship attendance		Finances on monthly basis	
Church Name:		Phone: () -		Denomination:	
				-	
Address			City		State
					Zip Code
			to		
Position			Served Month/Year to Month/Year		
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
Membership went		Worship attendance		Finances on monthly basis	
Church Name:		Phone: () -		Denomination:	
				-	
Address			City		State
					Zip Code
			to		
Position			Served Month/Year to Month/Year		
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
Membership went		Worship attendance		Finances on monthly basis	

Information Form for Assessment Center page 7

Church Name:		Phone: () -		Denomination:	
				-	
<i>Address</i>		<i>City</i>		<i>State</i>	<i>Zip Code</i>
		to			
<i>Position</i>		<i>Served Month/Year to Month/Year</i>			
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
<i>Membership went</i>		<i>Worship attendance</i>		<i>Finances on monthly basis</i>	
Church Name:		Phone: () -		Denomination:	
				-	
<i>Address</i>		<i>City</i>		<i>State</i>	<i>Zip Code</i>
		to			
<i>Position</i>		<i>Served Month/Year to Month/Year</i>			
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
<i>Membership went</i>		<i>Worship attendance</i>		<i>Finances on monthly basis</i>	
Church Name:		Phone: () -		Denomination:	
				-	
<i>Address</i>		<i>City</i>		<i>State</i>	<i>Zip Code</i>
		to			
<i>Position</i>		<i>Served Month/Year to Month/Year</i>			
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
<i>Membership went</i>		<i>Worship attendance</i>		<i>Finances on monthly basis</i>	
Church Name:		Phone: () -		Denomination:	
				-	
<i>Address</i>		<i>City</i>		<i>State</i>	<i>Zip Code</i>
		to			
<i>Position</i>		<i>Served Month/Year to Month/Year</i>			
Type of Community: Developing <input type="checkbox"/> Settled, not growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/>					
Location: Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Medium City <input type="checkbox"/> Large City <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/>					
from to		from to		from \$ to \$	
<i>Membership went</i>		<i>Worship attendance</i>		<i>Finances on monthly basis</i>	

Information Form for Assessment Center page 8

Licensed for Ministry By:	Date: / /		
Ordained for Ministry by:	Date: / /		
Denomination or Affiliation of Ordaining Church:			
F. Current Salary and Benefits			
Present Cash Salary \$	Year	Housing Allowance \$	Year
Health Insurance \$	Year	Annuity Fund \$	Year
Social Security \$	Year	Car Allowance \$	Year
Utilities Allowance \$	Year	Book Allowance \$	Year
Study Leave \$	Year	Number of Vacation Weeks	Year
Other Allowances: (Specify)			
Do these Salary and Benefits meet your needs?		Comments:	
G. Personal Christian Experience			
<p>Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (G) and what number you are continuing.</p>			
1. When did you become a Christian?			
2. Have you been Baptized by immersion since you came to faith in Christ? When and Where?			
3. What does Jesus Christ Mean to you Personally?			
4. What are your personal habits of prayer and devotional Bible Study?			
5. Give the names of the teachers, mentors, writers, or leaders (indicate which) who have most influenced your religious thinking and experience?			
6. How did they influence you?			
7. What existing Church do you most admire? Why?			

Information Form for Assessment Center page 9

H. Hobbies and Special Interest

Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (H) and what number you are continuing.

1. Describe your hobbies and special interests.

2. What are your favorite forms of recreation?

3. Are you involved in a regular program of exercise?

I. Evangelism and Discipleship

Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (I) and what number you are continuing.

1. In what ways have you helped others to accept Christ as their Savior and Lord?

2. Have you personally led someone to faith in Christ?

3. Approximately how many people have you led to the Lord in the last year ?
Last Three Years?

4. Describe your own present involvement in personal evangelism?

5. What part do you feel discipleship plays in church Planting?

6. What experience have you had in discipleship? How many people are you now discipling?

Information Form for Assessment Center page 10

J. Church Planting

Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (J) and what number you are continuing.

1. Do you believe God has called you to plant a church rather than serve an established one?

2. If so, what are the circumstances that caused you to perceive this call?

3. Is your spouse persuaded of this call?

4. How is your spouse involved in your ministry?

5. Do you sense a call to a particular place, region, ethnic community, etc.?

**6. INDICATE THE TEN STEPS YOU WOULD TAKE IN CHRONOLOGICAL ORDER
IF YOU WERE TO ESTABLISH A NEW CHURCH**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Information Form for Assessment Center page 11

K. Ministry Evaluation

Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (K) and what number you are continuing.

1. What are your strong points in the Ministry?

2. In what areas do you have particular weaknesses?

3. Have you developed a philosophy or model of ministry regarding the particular church God would have you establish? If so, briefly describe.

L. Preaching Style

Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (L) and what number you are continuing.

1. Whom do you most admire as a preacher? Why?

2. Briefly describe your understanding of the nature and purpose of preaching and the type of sermons you normally preach?

3. Sermon Delivery method: With Manuscript With Notes Without Notes

4. List titles, topics and texts of several sermons recently preached.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

5. Briefly describe your position on the authority of Scripture.

Information Form for Assessment Center page 11

M. Spiritual Gifts

Please identify your spiritual gifts. Put a 1 beside the gifts you perceive to be your primary gifts and 2 besides your secondary gifts. (This list does not necessarily represent the position of the Assessment Center)

Administration		Helps		Prophecy
Apostleship		Hospitality		Service
Celibacy		Intercession		Shepherding
Craftsmanship		Interpretation		Teaching
Discernment		Knowledge		Tongues
Evangelism		Leadership		Wisdom
Exhortation		Mercy		Other:
Faith		Miracles		
Giving		Missionary		
Healing		Preaching		

Spiritual Gifts for Your Spouse

Please identify the spiritual gifts of your spouse in the same manner.

Administration		Helps		Prophecy
Apostleship		Hospitality		Service
Celibacy		Intercession		Shepherding
Craftsmanship		Interpretation		Teaching
Discernment		Knowledge		Tongues
Evangelism		Leadership		Wisdom
Exhortation		Mercy		Other:
Faith		Miracles		
Giving		Missionary		
Healing		Preaching		

Please complete the questions below. Make sure that your answer stays in the box. If you need additional room there is a blank page at the end of the application. Just number what section (M) and what number you are continuing.

1. Why do you believe these are your spiritual gifts?

2. Has this been confirmed by others?

3. How do you encourage development and exercise of spiritual gifts?

N. Team Relationships

Fill out this section only if you desire a position other than senior pastor on a church planting team.

Please indicate your areas of interest:

<input type="checkbox"/> Christian Education		<input type="checkbox"/> Evangelism/Discipleship	
<input type="checkbox"/> Music/Worship		<input type="checkbox"/> Other	
<input type="checkbox"/> Youth			

What desire, if any, do you have for regular preaching assignments?

<input type="checkbox"/> Quarterly <input type="checkbox"/> Special Occasion <input type="checkbox"/> No Preference <input type="checkbox"/> Other	weekly
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Do you look at a staff position as being: Long Term Preparatory for senior pastorate Other

Information Form for Assessment Center page 12

O. Personal Preferences

1. Please mark the number on the continuum that best shows your position or preference.

Music	Classical	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Contemporary
AM Worship Style	Formal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Informal
Sermon Style	Expository	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Topical
Sermon Series	Frequent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Infrequent
Charismatic	Anti	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Open to
Church Growth	Directed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Spontaneous
Structure	One Board	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Multi-Board
Leadership Style	Shepherd	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Rancher

2. I feel I would be most effective in serving a church located in a: (Identify your top three choices by 1, 2, 3)

Rural Community	Suburban
Small Town	Inner City
Small City	Mono-ethnic
Medium City	Multi-Cultural
Large City	Other

3. List your regional Preferences: (For Example: Midwest, Southwest)

4. Are there any limitations or problems, which the Assessment Center ought to Know?

The Assessment Center is comprised of qualified, experienced personnel who care deeply for you and your future. It is our intention to convey grace and truth to you about your giftedness and potential in church planting. To what degree do you believe that you will be open to heeding the advice of the Assessment Center? (Mark One)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very Open, if Approved for church planting				very open, no matter what

Please Explain:

P. References

We have found that it is helpful to contact references to evaluate suitability for selection as church planters. Please supply a total of six references. At least two should be members of your current or most recent church, and all should be able to assess your ministerial functions, ministry style, and spiritual gifts. Also, give the name of two laymen (not members of your present church) acquainted with our present work. At least two reference should be women. (Please do not include seminary professors unless they fit the description above) Please notify these references that they will be contacted. *ALL REFERENCES MUST HAVE EMAIL ADDRESSES.*

Name	Name
Phone () -	Phone () -
Email	Email
Name	Name
Phone () -	Phone () -
Email	Email
Name	Name
Phone () -	Phone () -
Email	Email