



*Baptist General Conference of Canada*

# Pastoral Profile

Name

**When Completed, Please Send To:**  
**#201, 8315 Davies Road NW**  
**Edmonton, AB T6E 4N3**  
**Canada**  
**Fax: 780-435-2478**  
**or email:**  
**[office@bgc.ca](mailto:office@bgc.ca)**

## I. GENERAL INFORMATION

Name:    Date of Application:   
*First Initial Last* Gender:  Male  Female

Home Address:  City:

Province:  Postal Code:  Phone:  Alt. Phone:

Email Address:  Present Church Membership At:

Church Address:  City:

Province:  Postal Code:  Denomination:

## II. BASIC BIOGRAPHICAL DATA

Citizenship:  Date of Birth:

Current Marital Status:  Single  Married  Widow/Widower  Divorced  Re-married

*If married, please provide the following information:*

Spouse's Name:    Citizenship:   
*First Initial Last*

Maiden Name:  Date of Birth:  Date of Marriage:

Describe your Spouse - Include training, interests, and attitude toward your vocation:

*If you (or your spouse) have been divorced, please explain:*

Children:

Name:	Birthday:	Gender:
		<input type="radio"/> Male <input type="radio"/> Female
		<input type="radio"/> Male <input type="radio"/> Female
		<input type="radio"/> Male <input type="radio"/> Female
		<input type="radio"/> Male <input type="radio"/> Female
		<input type="radio"/> Male <input type="radio"/> Female

If you have children, please tell us about your family:

### III. EDUCATION

Secondary:

<i>Name of School</i>	<i>City,</i>	<i>Graduation Date</i>	<i>Diploma</i>

Post Secondary:

<i>Name of School</i>	<i>City</i>	<i>Graduation Date</i>	<i>Diploma</i>

Bible College or Seminary:

<i>Name of School</i>	<i>City</i>	<i>Graduation Date</i>	<i>Diploma</i>

Other Training:

## IV. PROFESSIONAL EXPERIENCE

Have you ever been licensed or credentialed?  Yes  No

If YES, please provide the following information:

Date Credentialed:

Denomination:

Church Name:

Are you ordained?  Yes  No

If YES, please provide the following information:

Date Ordained:

Denomination:

Church Name:

### Ministry Experience:

Church/Organization	City	Position <i>If volunteer, please indicate</i>	Hrs/ Week	From <i>mm/yyyy</i>	End <i>mm/yyyy</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe your ministry role and function in your current position:

Have you ever been fired or asked to resign from a job or ministry position?  Yes  No

If YES, please explain:

## V. PERSONAL EVALUATION

Tell us about how you came to Christ, and your baptismal experience:

What spiritual gifts do you claim for yourself?

What do you perceive to be your central task as a pastoral leader?

What are your greatest personal strengths?

What are your greatest personal weaknesses?

What has been your greatest satisfaction in your present or most recent ministry?

What has been your greatest disappointment in your present or most recent ministry?

Rate yourself from 1 to 10 in the following ministry functions:

Preaching	<input type="text"/>	Teaching	<input type="text"/>	Evangelism	<input type="text"/>	Administration	<input type="text"/>
Disciple-making	<input type="text"/>	Leadership Development	<input type="text"/>	Care & Counseling	<input type="text"/>	Leadership	<input type="text"/>

Comment briefly on the following items in relation to yourself:

Your personal spiritual formation	<input type="text"/>
Stewardship of both your time and finances	<input type="text"/>
Professional growth and development	<input type="text"/>
List the three most significant books that you have read within the past year. Why were they significant?	<input type="text"/>
If any, what are your health or physical limitations?	<input type="text"/>
What do you do to maintain your physical health?	<input type="text"/>
How do you spend your leisure time?	<input type="text"/>

## VI. THEOLOGICAL VIEWS

Please give a brief statement of your theological position on the following:

The inspiration and authority of Scripture

The Trinity

The humanity and deity of Christ

The gifts and ministries of the Holy Spirit

Salvation and Regeneration

Sanctification

The Church

The Priesthood of believers

Baptism

The Lord's Supper (Communion)

## VII. INTEGRITY

Comment briefly on your position concerning:

Alcohol usage

Recreational use  
of drugs

Pornography

Gambling

Are you aware of anything in your past which, if brought to light, could bring reproach on the cause of the Gospel?

Yes

No

Are you prepared to offer a criminal records check?

Yes

No

## VIII. PLACEMENT

*If you do not currently hold a position at a BGCC Church and are seeking a position, please complete the following:*

Indicate the position(s) below in which you would be interested:

Senior Pastor

Associate Pastor

Discipleship/  
Small Groups

Education

Worship

Children's

Youth

Young Adults/  
College & Career

Administration

Missions

Other

Please indicate any preferred location(s):

Please indicate the salary & benefit needs you feel are necessary for you at this point in your ministry and family life, as well as any vacation or professional development allowances you would desire:

In which cultures (rural/urban/ethnic) do you work best?

Have you had any experience in new church planting?

Yes

No

*If so, please comment:*



## IX. AFFILIATION

Why do you wish to be affiliated with the Baptist General Conference of Canada?

What is your attitude toward the mission, values, and activities of the Conference, as you know them?

Do you affirm the Baptist General Conference "Affirmation of Faith"?  Yes  No

As a partner with the Baptist General Conference of Canada, will you support and promote the Baptist General Conference of Canada and its district ministries?  Yes  No

## X. REFERENCES

List three references, one of whom must be a leader in a recent ministry experience:

Name <i>First &amp; Last</i>	Address <i>Street Address, City, Province, Postal Code</i>	Phone Number	Position/Title	Organization Name

I give consent to the Baptist General Conference of Canada to contact these individuals, and I further give consent to the Baptist General Conference of Canada to contact references supplied by these individuals:  Yes  No

## XI. PHOTO

I have attached a photo of myself to this application by mail or email:  Yes  No

## XII. SIGNATURE

*I declare that to the best of my knowledge all of the foregoing information is correct and true, and further agree to abide by the commitments made in this application.*

Applicant's Electronic Signature:

OR

Applicant's written signature:

---