



VCN Mid-Atlantic
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Pastoral Placement Form

This fill-in form is for use with Microsoft Word. Fill out the entire form and answer all questions. Remember to save the form. If you feel you need to give a more complete explanation for any question, please include a separate document noting the section and number of the question.

Candidate Name: **Date:**

Position Desired (in order desired):

1.
2.
3.
4.

Setting Desired: (rank using a scale 1 to 3 – Most at home=1)

- | | | | |
|--|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Small town | <input type="checkbox"/> Medium City | <input type="checkbox"/> Large City |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Inner-City | <input type="checkbox"/> Ethnic | |
| <input type="checkbox"/> Willing to consider a bi-vocational setting | | | |

Geographical area(s) desired: (indicate preference by 1st, 2nd, 3rd choice)

- | | |
|---|--|
| <input type="checkbox"/> VCN Northwest | <input type="checkbox"/> Rocky Mountain Church Network |
| <input type="checkbox"/> VCN Northern California/Nevada | <input type="checkbox"/> VCN Northeast |
| <input type="checkbox"/> VCN Southwest | <input type="checkbox"/> VCN Mid-Atlantic |
| <input type="checkbox"/> Pacific Church Network | <input type="checkbox"/> VCN Midwest |

Personal and Family Information

1. **Name:** **Email:**
Street Address:
City: **State:** **Zip:**
Home phone: **Cell (optional):** **FAX:**

2. Marital Status:

Wife's Name: Date of Marriage:

Have you or your wife ever been divorced? ☐ Yes ☐ No

If yes, please explain the circumstances:

3. Names and ages of your children:

4. Current housing: ☐ Own ☐ Rent ☐ Live in Church-supplied house ☐ Other:

5. Would you be willing to provide a credit report if requested? ☐ Yes ☐ No

6. Do you have any disabilities that would prevent you from performing any of the essential job functions without reasonable accommodation? ☐ Yes ☐ No

If so, please explain:

7. Are you and/or your spouse fluent in a language other than English? ☐ Yes ☐ No

If so, which one(s)?

Education and Credentials

Academic Training: List all education and special training above high school beginning with the most recent.

Dates Attended (MM/YYYY)		School Name & Location	Degree Earned
From:	<input type="text"/>	Name: <input type="text"/>	<input type="text"/>
To:	<input type="text"/>	City, State: <input type="text"/>	
From:	<input type="text"/>	Name: <input type="text"/>	<input type="text"/>
To:	<input type="text"/>	City, State: <input type="text"/>	
From:	<input type="text"/>	Name: <input type="text"/>	<input type="text"/>
To:	<input type="text"/>	City, State: <input type="text"/>	
From:	<input type="text"/>	Name: <input type="text"/>	<input type="text"/>
To:	<input type="text"/>	City, State: <input type="text"/>	
From:	<input type="text"/>	Name: <input type="text"/>	<input type="text"/>
To:	<input type="text"/>	City, State: <input type="text"/>	

1. Are you: ☐ Ordained ☐ Licensed ☐ Neither

If so, Date: By what body?

2. Are you seeking your first pastorate with no experience in an official capacity?

☐ Yes ☐ No

Church Experience

Please list past and present ministries, beginning with the most recent:

1. Church: City/State:
Position: Years: to
Type of Community: Setting:
Morning Worship Attendance: Number of full-time staff:
Denomination:
Reason for leaving:
Comments on the ministry:

2. Church: City/State:
Position: Years: to
Type of Community: Setting:
Morning Worship Attendance: Number of full-time staff:
Denomination:
Reason for leaving:
Comments on the ministry:

3. Church: City/State:
Position: Years: to
Type of Community: Setting:
Morning Worship Attendance: Number of full-time staff:
Denomination:
Reason for leaving:
Comments on the ministry:

4. Church: City/State:
Position: Years: to
Type of Community: Setting:
Morning Worship Attendance: Number of full-time staff:
Denomination:
Reason for leaving:
Comments on the ministry:

5. Church: City/State:
Position: Years: to
Type of Community: Setting:
Morning Worship Attendance: Number of full-time staff:
Denomination:
Reason for leaving:
Comments on the ministry:

6. Church:	<input type="text"/>	City/State:	<input type="text"/>
Position:	<input type="text"/>	Years:	<input type="text"/> to <input type="text"/>
Type of Community:	<input type="text"/>	Setting:	<input type="text"/>
Morning Worship Attendance:	<input type="text"/>	Number of full-time staff:	<input type="text"/>
Denomination:	<input type="text"/>		
Reason for leaving:	<input type="text"/>		
Comments on the ministry:	<input type="text"/>		

Non-Ministry Work Experience

Please list past (and present) employment beginning with the most recent:

Position	Dates (MM/YYYY)	Company Name & Location	Responsibilities
<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/>	<input type="text"/>
<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/>	<input type="text"/>
<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Name: <input type="text"/> City, State: <input type="text"/>	<input type="text"/>

Ministry Perspectives

- How do your wife and family feel about the pastoral ministry?
- In what ways have you seen God working in your life this past year?
- Describe the growth of your church during your ministry.
- What particular area of your ministry seems to be most effective in bringing about response and growth in your congregation?
- What do you consider to be your strengths in your pastoral ministry?
- What area of your pastoral ministry do you feel needs the most growth?
- Define the role of a senior pastor as you interpret it to be.
- List any material you have read on Conservative Baptists or their history.
- Comment on your personal devotional life.
- What is your current denominational affiliation?

11. If you desire a senior pastor, solo pastor, or church planter position, rank your *three* strongest areas (1=strongest):

- | | | | |
|--|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Outreach | <input type="checkbox"/> Worship | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Personal Evangelism | <input type="checkbox"/> Motivator | <input type="checkbox"/> Pulpit |

12. If you desire a staff pastor position, indicate your areas of interest. Rank your *three* strongest areas (1=strongest):

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Music-Performing |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Worship | <input type="checkbox"/> Adults | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Music-Directing | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Youth | <input type="checkbox"/> Missions |
| <input type="checkbox"/> Personal Evangelism | | | |

Philosophy of Ministry

Briefly explain your scriptural understanding of the following:

1. Your view of Scripture.

2. Your plan of evangelism.

3. Your view of church government (elders, line of authority, and congregational government).

4. Your plan for church growth (local church growth and church planting).

5. Your plan for developing leaders.

6. Your preference of worship style.

7. Your practice of church discipline.

8. Your plan of pastoral care and visitation.

9. Your plan for support to the:

a. Family

b. Senior Adults

c. Youth

d. Children

10. Your convictions regarding local church engagement with world missions.

11. Your convictions regarding local church engagement with the poor of the community.

12. Your convictions on tongues and sign gifts.

- ☐ Ceased ☐ Open, but cautious ☐ Normative for the church today

Explain:

13. Your convictions and pastoral practice relating to divorce and remarriage.

a. Under what circumstances could a divorced person hold a leadership position?

☐ Never ☐ All the time ☐ Special circumstances

Please explain:

b. Under what circumstances would you perform a marriage for divorced people?

☐ Never ☐ All the time ☐ Special circumstances

Please explain:

14. Your convictions on use of alcoholic beverages.

15. Your convictions concerning eschatology.

Comments:

16. Your view of the role of women in the local church.

a. Can a woman teach a mixed class of adults? ☐ Yes ☐ No

b. Can a woman lead worship in a service? ☐ Yes ☐ No

c. What office can a woman hold?

Comments:

17. Your understanding of God's plan of salvation.

a. Do you hold to: ☐ limited atonement ☐ unlimited atonement?

Explain:

b. Your view on the security of the believer.

18. Your practice as it pertains to personal and family worship.

19. Please indicate the number on the continuum that best shows your position or preference.

		1	2	3	4	5	4	3	2	1	
Church Music:	<i>Traditional</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Contemporary</i>
Worship Style:	<i>Formal</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Informal</i>
Sermon Style:	<i>Expository</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Topical</i>
Sermon Series:	<i>Frequent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Infrequent</i>
Theology:	<i>Calvinistic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Arminian</i>

20. Your self-evaluation of your spiritual gifts (*check no more than three*).

- | | | | |
|---|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Prophecy/Preaching | <input type="checkbox"/> Service | <input type="checkbox"/> Teaching | <input type="checkbox"/> Exhortation |
| <input type="checkbox"/> Giving | <input type="checkbox"/> Leadership | <input type="checkbox"/> Mercy | <input type="checkbox"/> Discernment |
| <input type="checkbox"/> Evangelist | <input type="checkbox"/> Pastor | <input type="checkbox"/> Administration | <input type="checkbox"/> Faith |

Criminal and Civil Liability

For Legal Purposes

The questions in this section are designed to help a pastoral search committee make an informed decision concerning your application for ministry. These questions assist a local church's leadership in the effort to be responsible for the care of their church family. It is regretful that we live in a time when it is essential to ask these kinds of questions. False or incomplete answers will be grounds for immediate dismissal.

1. Have you ever been accused of, engaged in, or investigated for any sexual misconduct involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, adultery, sexual harassment, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee?

☐ Yes ☐ No

If yes, explain fully on a separate sheet (identify when and where each accusation was made and how each accusation was resolved).

2. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense?

☐ Yes ☐ No

If yes, explain fully on a separate sheet (identify each conviction or plea of guilty, when and where each incident occurred, and the sentence received).

3. Have you ever been found liable, or participated in an out-of-court settlement as a defendant, for any offense in a civil lawsuit?

☐ Yes ☐ No

If yes, explain fully on a separate sheet (identify each case, when and where each incident occurred, and the outcome).

4. Has any employer with whom you have been employed at any time in the past ever been sued as a result of your conduct?

☐ Yes ☐ No

If yes, explain fully on a separate sheet (identify each case, when and where each incident occurred, and the outcome).

5. Have you ever been subject to discipline by a religious body?

☐ Yes ☐ No

If yes, explain fully on a separate sheet (identify each case, when and where each incident occurred, the religious body involved and the outcome).

I give permission to VCN Mid-Atlantic or a church interested in calling me to a staff position to complete a background check including my police record.

☐ Yes ☐ No

Personal References

Please list references below including full addresses, phone numbers, and a brief description of the relationship. These references will be contacted. Do not list any references that you are related to by marriage or birth. There should be at least one woman within the list of references.

They should include:

- No more than two pastors who know you and your work
- An active deacon of the church where you have served
- Two additional lay persons in the church
- A business person who knows you well
- No more than one seminary professor

1. Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Home phone:	<input type="text"/>	Email:	<input type="text"/>
<hr/>			
2. Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Home phone:	<input type="text"/>	Email:	<input type="text"/>
<hr/>			
3. Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Home phone:	<input type="text"/>	Email:	<input type="text"/>
<hr/>			
4. Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Home phone:	<input type="text"/>	Email:	<input type="text"/>
<hr/>			
5. Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Home phone:	<input type="text"/>	Email:	<input type="text"/>
<hr/>			
6. Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Home phone:	<input type="text"/>	Email:	<input type="text"/>

Do you want the Search Committee to contact you before they call your references? If you indicate “No” your references would be contacted by the Search Committee. If you say “Yes” you will be called before they are contacted. ☐ **Yes** ☐ **No**

VCN Mid-Atlantic Identity Document and Certifying Signature

I have read, and subscribe to and endorse wholeheartedly, without any reservation, the VCN Mid-Atlantic Identity Document.

I also certify that all of the information and responses in this application, including the Criminal and Civil Liability form, are true and complete.

Signature

Date