



The Presbytery of
DONEGAL

PRESBYTERY OF DONEGAL
Teaching Elder Information Form

Personal Information

Name: _____

Date of Birth: _____ Place of Birth: _____

Married: _____ Widowed: _____ Single: _____ Divorced: _____

Spouse's Name: _____ Marriage Date: _____

Children's Names and Birth Dates: _____

Home Address: _____

Home Phone: _____ Personal Email: _____

Cell Phone: _____ Can you send/receive text messages? _____

Name of Pastorate or Other Service: _____

Work Address: _____

Work Phone: _____ Work Email: _____

Education

High School _____ Year Finished _____

College _____ Year _____ Degree _____

Seminary _____ Year _____ Degree _____

Graduate Work _____ Year _____ Degree _____

Honorary Degree _____ Year _____ Degree _____

Ordained by _____ Date _____

Pastorates or other service, chronologically from date of ordination to present:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Date of Retirement: _____

Commissioner to General Assembly (year): _____ Synod (year): _____

General Assembly Offices or Committees: _____

Synod Offices or Committees: _____

What are your Passions and Interests?

How would you like to be involved in the life of the Presbytery?

What Committees, teams or cohorts are interesting to you?

Please return to Christine@donegalpby.org or the Presbytery of Donegal, P.O. Box 10054, Lancaster, PA 17605

(over)