



Office for
Transition
Ministry

Ministry Portfolio

Full Portfolio Worksheet

Name of Church/Institution:

Church/Institution Address:

Phone:

E-mail:

Website:

Contact Name:

Contact Address:

Phone 1:

Phone 2:

E-mail:

Position Title:

Order of Ministry Required:

Current Status:

Receiving Names Until:

Weekly Average Sunday
Attendance (ASA)

Number of Weekend
Worship Services

Number of Weekday
Worship Services

Number of Other Worship
Services (per Month)

Annual Compensation
\$

Cash Stipend Detail
\$

Pension Plan In Compliance
with CPF Requirements?
Yes No

Compensation Total
Available for New Position
\$

SECA Reimbursement:
Yes No

SECA Reimbursement Options:

SECA Reimbursement Details:
\$

Healthcare Options:

Dental:

Housing/Rectory Detail
Annual Value:
\$

Housing Available for
of People:

Utilities; (Yes/No)
Yes No

Utilities Details:
\$

Housing Equity Allowance in budget:

Annual Equity Amount:
\$

Vacation Weeks:
#

Vacation Weeks Details:
Details \$

Continuing Education Weeks:
#

Continuing Education Weeks:
Details: \$

Sabbatical Provision:

Travel/Auto Account:

Other Professional Account:

Comments:

100 character limit including punctuation and spaces

In our baptism we promise to proclaim by word and example the Good News of God in Christ, seeking and serving Christ in all persons. You are invited here to reflect on your ministry by responding to all of the following questions.

Each response must not exceed 1200 characters (approx. 250 words)

1. Describe a moment in your worshipping community's recent ministry which you recognize as one of success and fulfillment.

2. Describe your liturgical style & practice. If your community provides more than one type of worship service, please describe all:

3. How do you practice incorporating others in ministry?

4. As a worshipping community, how do you care for your spiritual, emotional and physical well-being?

5. Describe your worshipping community's involvement in either the wider Church or geographical region.

6. How do you engage in pastoral care for those beyond your worshipping community?

7. Tell about a ministry that your worshipping community has initiated in the past five years. Who can be contacted about this/

8. How are you preparing yourselves for the Church of the future?

9. What is your practice of stewardship and how does it shape the life of your worshipping community?

10. What is your worshipping community's experience of conflict? And how have you addressed it?

11. What is your experience leading/addressing change in the church/ When has it gone well? When has it gone poorly? And what did you learn?

12. Please provide words describing the gifts and skills essential to the future leaders of your worshipping community.
*Enter **no more than four** descriptions made up of one or two-words each.*
*For example: **administration, asset management, preaching, pastoral care.***

Prior Incumbents

Name: Position Title: Date Begun: Date Ended:

Name: Position Title: Date Begun: Date Ended:

Name: Position Title: Date Begun: Date Ended:

Church School: Yes No

Number of Teachers
/Leaders for Children School:

Number of Students
for Children School:

Number of Teachers/Leaders
for Teen/Young Adults School:

Number of Students for
Teen/Young Adults School:

Number of Teachers/Leaders
for Adults School:

Number of Students
for Adults School:

Day School: Yes No

Number of Students for Day
School:

Number of Teachers for Day
School:

Number of Total Staff for
Day School:

Worshipping Community's Web Site Address:

Media Links: Online References:

Languages Significantly Represented in your Worshipping Community:

Provide worship or classes in other languages:

References:

Bishop: The Rt. Rev. Morris K. Thompson, Jr. – Contact Number: 504-895-6634

Diocesan Transition Minister: The Rev. Canon Shannon Rogers Duckworth – Contact Number: 504-895-6634– E-mail: sduckworth@edola.org

Current Warden/Board Chair:

Name:

Phone Number:

E-mail:

Previous Warden/Board Chair:

Name:

Phone Number:

E-mail:

Search Committee Chair:

Name:

Phone Number:

E-mail: