COOPERATIVE BAPTIST FELLOWSHIP

Kentucky Baptist Fellowship
Minister Information Form

Date _____

Name _____ Name Preferred _____
(Last) (First)

Home Address _____ Home Phone (___) _____

_____ Business Phone (___) _____
City State Zip

Email address _____ Fax Number (___) _____

Birth date_____ Preference of geographic location _____

If licensed, date of licensing _____ If ordained, date of ordination _____

College/Seminary	Degree	Date of Graduation

Please list in order of priority the positions in which you would be interested (1,2,3, etc.)

__ Pastor
__ Associate Pastor
__ Christian Educator
__ Youth
__ Music
__ Bi-vocational
__ Other

__ Chaplaincy
__ Missions
__ Children
__ Children/Youth
__ Music/Youth
__ Church Starting

__Music Education
__ Activities
__ Senior Adults
__ Youth/Education

Please list a preferred salary range for compensation _____

List any specific needs for your family in relocating _____

_____

Please submit this form, several copies of your résumé, and a **brief paragraph stating your involvement with CBF and/or KBF** to:

Dr. John Lepper, Coordinator
Kentucky Baptist Fellowship
225 South Hurstbourne Parkway, Suite 205
Louisville, KY 40222
Contact Information: 502-426-1931 (p); 502-426-1612(f); jlepper@kybf.org

I grant permission for release of the above information and my résumé to requesting committees.

Signature _____ Date _____