Exhibit II (U) - PASTORAL PERSONNEL COMMITTEE: CLERGY PERSONAL INFORMATION DATA SHEET

: Effective Date: 01-01-93
:
: Revision Date: 03-01-03

Name: (Rev.) (Rev. Mr.)_____

Street_____

City_____State_____Zip_____

Telephone: (___)_____

Social Security #_____

I. This portion is to be completed by clergy who wish to serve in the Diocese of Raleigh:

Date of Ordination:_____

Date of Birth:_____

Diocese/Order:_____

Currently Incardinated?_____Where?_____

Education:
College:_____
_____

Seminary:_____
_____

Post-Graduate:_____
_____

Assignments: List last ten years and begin with most recent:

1. Location:_____Title:_____
Address:_____
_____
Street_____

City_____State_____Zip_____

Telephone: (___)_____

Dates:
From:_____To:_____

Reason for leaving:_____
_____
_____

2. Location:_____Title:_____
Address:_____
_____
Street_____

City_____State_____Zip_____

Telephone: (___)_____

Dates:
From:_____To:_____

Reason for leaving:_____
_____
_____

3. Location:_____Title:_____
Address:_____
_____
Street_____

City_____State_____Zip_____

Telephone: (___)_____

Dates:
From:_____To:_____

Reason for leaving:_____

_____

_____

List areas of ministerial interest: e.g. parish, hospital, campus ministry, etc.

1._____

2._____

Do you speak any other languages?_____Fluency?_____

List: a)_____

b)_____

Do you read and write other languages?_____

List: a)_____

b)

Why do you wish to come to the Diocese of Raleigh?_____

_____

_____

II. This portion is to be completed by clergy who wish to serve in the Diocese and by all clergy each subsequent year:

Has a civil lawsuit, criminal complaint, or employment complaint ever been filed against you for child abuse?_____

If yes, please give details._____

_____

_____

Have you ever left and assignment or been removed from an assignment for reasons relating to allegations of physical or sexual abuse?_____

If yes, please give details._____

_____

_____

Have you ever received any medical treatment or counseling for committing physical or sexual abuse or misconduct?_____

If yes, please give details._____
_____
_____

Have you ever received any medical treatment or counseling involving alcohol or drug abuse?
_____

If yes, please give details._____
_____
_____

I understand that in signing this Clergy Personal Information Sheet, I affirm that the information I have given is true and correct.

_____
Signature

_____
Date