



AUTOBIOGRAPHICAL QUESTIONNAIRE

to be used by

Students at Northern Baptist Seminary

Name _____ Date _____

Address _____

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Ministry Development Network

A Word about Career Development, your Program, and this Questionnaire

Career development is a lifelong process involving a continuous search for ways of acting on our understanding of our gifts and what we have to offer. It is a process which is best when it is dynamic—responsive to growth, to deepening values, and to changing life perspectives and circumstances.

In one sense, a candidate program for someone considering a church-related vocation is no different from a career development program at any other point in life. It is an opportunity to take a current and comprehensive look at who you uniquely are: your interests, competencies, indications of potential, values, needs, and wishes. Further, it is an opportunity to plan how you will act on that understanding of yourself in the context of the needs and other realities of the church and the world it serves. Our candidate programs, both individual and group, are designed specifically to help you look carefully at yourself.

In another respect, a career development program at the point of candidacy may be different. An important reality is that you, as a candidate, are being evaluated through the program. In most instances a report will be written summarizing your career outlook. It will include indications of your strengths, promising directions, priorities, and limitations.

There is generally a certain amount of anxiety involved in being evaluated. Some is probably unavoidable. An assumption we make may be useful to you: the most helpful and strongest evaluations occur when the candidate attempts to make as much real use as possible of the opportunities for self-exploration, and responds with feelings and observations which are immediate and genuine. In short, this is an invitation to be yourself and to make use of the opportunity to the fullest.

This questionnaire has two basic purposes: one, to help your counselor get to know you; and the other, to stimulate your own reflection and self-understanding. There are, of course, no wrong or right responses or particular responses we are looking for.

Please write legibly or use a typewriter or word processor if possible. If you need more space, attach additional sheets. ***If you use a word processor, please maintain the outline of the autobiography, including the page numbers and questions.***

Part II – Educational History

Year finished high school _____

Please list all formal education since high school:

Dates	Institution: City/State	Major	Degree	GPA based on 4.0

Now list all major continuing education experiences that have been meaningful and/or helpful:

Dates	Institution: City/State	Learning/Skills

Subject(s) of special interest, study, or research:

Foreign language(s) spoken:

Part III – Employment History

List all major job experiences and/or significant volunteer services since high school, including dates, employer, and type of position. For each, indicate *overall level of satisfaction* from **1 (very low) to 6 (very high)**. Also, comment in a few words on what was most and/or least satisfying about the work.

Dates	Employer	Position	Salary	Satisfaction Level	Comments

Have you participated in any other career/life planning experiences? If so, when and where? How were they helpful?

Part IV – Residential History

List, beginning with the first, the communities in which you have lived from birth to present. Give the years, your ages, the names of the communities including states (and/or countries if other than the U.S.), and religious/denominational affiliations. Under "Comment" you may add an explanation, such as "in college," or you may wish to comment on how you felt about living in each location.

Dates	Age(s)	Community/State	Religious Affiliation	Comment

Part V – Medical History

I. Family History

	Living		Deceased	
	Age	Health	Age at Death	Cause of Death (Be specific: e.g., type of cancer or heart disease)
Mother				
Father				
Brothers/Sisters:				
use (B) or (S) before age				
Father's Father				
Father's Mother				
Mother's Father				
Mother's Mother				

Is there a family history of any of the following?

	No	Yes	Type	Age at Onset	Relationship
Cancer					
Diabetes					
Kidney Disease					
High Blood Pressure					
Nervous/psychological problems					
Substance/Alcohol Abuse					

Have you ever sensed or experienced abuse? Yes No

If so, what type(s) of abuse? Physical Emotional Sexual

II. Medical History

1. Operations, hospitalizations (type and date):

2. Other illnesses (nature and date):

3. Have you had a thorough physical within the last two years? If so, what were the results? _____

4. Have you ever consulted a mental health professional? (Explain) _____

5. Have you ever been hospitalized for mental or emotional reasons? (Explain) _____

III. Personal History

A. Family:

1. Spouse: Birth date and state of health: _____
2. Children: Birth date and state of health:

a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

B. Personal health habits:

1. Exercise and recreation (indicate type and frequency) _____
2. Medication: Prescriptions: _____
Over-the-counter: _____
3. Height _____ Weight _____ How long at this weight? _____
Personal feelings about weight _____
4. Hearing or vision problems? (Explain) _____
5. Smoking pattern or history _____
6. Alcohol: Frequency: _____
Have you ever tried to cut down? _____
Has anyone ever suggested you should drink less? (Explain) _____
7. Have you ever used drugs recreationally? (Explain) _____
8. What time do you normally go to sleep? _____ What time do you normally awaken? _____
If you have any problems in sleeping, please elaborate (e.g., interrupted sleep, insomnia, nightmares, etc.): _____
9. Do you have any concerns about your health that affect your work? _____
10. What is the current stress level in your life and what are you doing about it? _____

C. Health Symptoms

Do you have any of the following symptoms regularly or severely enough to cause you concern?
Indicate frequency of symptoms for any checked "Yes."

	Yes	No	Freq.
Chest pain			
Shortness of breath			
Ankle swelling			
Rapid or irreg. heart beat			
Dizziness			
Fainting spells			
Cough productive of phlegm			
Cough productive of blood			
Frequent urination			
Painful urination			
Abdominal pain			
Muscle aches			

	Yes	No	Freq.
Black outs			
Diarrhea			
Constipation			
Nervousness			
Headaches			
Difficulty concentrating			
Allergies			
Sexual concerns			
Drug dependency			
Nausea or vomiting			
High blood pressure			
Cholesterol level			

Additional comments:

Part VI – Autobiographical

1. Describe your present life situation, commenting, for example, on schooling in which you are engaged, living accommodations, full or part-time work, family and/or health concerns, etc.

2. Describe your current plans and goals for your life work.

3. Briefly reflect on your experience of **childhood through adolescence**.

For this same time period add, if you wish, further comments on your relationships with the following:

Your father

Your mother

Your brothers and sisters

Other significant persons

4. Reflect on your experience **during college and the years following to the present.**

Reflect on your current or most recent relationships with the following. Include how these persons feel about your plans for your life work.

Your father

Your mother

Your brothers and sisters

Other significant persons (other than spouse)

5. Describe further your family of origin, commenting on any of the following you have not previously mentioned: economic status, emotional climate, significant illnesses, separations, relationship to neighborhood and community, religious style, etc.

6. If you are married or engaged, describe your relationship. If not, you may use this space to describe another significant relationship or your social life.

7. What is your fiancé(e)/spouse's education, current employment, and career plans?
How does s/he feel about you entering ministry?

8. If you have children, describe your relationship to them, the amount of time you spend with them, special needs, etc.

9. Describe two significant friendships and how you and your friends relate to each other.

10. How would you describe your faith? What does your faith mean to you?

11. How would you describe your relationship with God?

12. Describe your practice of spiritual disciplines, such as prayer, scripture reading, etc.

13. With what denomination are you affiliated/affiliating? Why?

14. Describe your involvement in churches, including positive and negative experiences.

15. Describe leadership or service roles you have had in your church involvement, including at least one very meaningful experience.

16. Describe your sense of call to ministry.

17. Describe your current financial situation and any challenges you are facing.

18. How do you envision financially supporting yourself and/or your family in ministry?

19. What issues not previously mentioned would you like to address in this process?

20. What stands out in your mind as a result of completing this questionnaire?

21. Please estimate the amount of time you spent on this questionnaire. _____