

The Center for Career Development and Ministry

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Personal Narrative Questionnaire

for ministers and students engaging in
ministry development

Name _____
Address _____
City _____ State _____ Zip _____
Email _____

If possible, please use a computer or typewriter to answer the questions, particularly beginning on p. 5 to the end of the questionnaire. If you hand-write your answers, WRITE LEGIBLY in ink, not pencil. If you need additional space, attach additional sheets.

ILLEGIBLE HANDWRITING WILL NOT BE ACCEPTED

Confidential

All information in this Questionnaire will be treated with professional confidentiality.

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PERSONAL NARRATIVE QUESTIONNAIRE

This is the first step in the process of thinking in a structured way about your life. Please answer each part of this questionnaire thoughtfully and completely. It is designed to help you, and the counselor who will be working with you, focus on the significant aspects of your life as they relate to various life experiences and planning for your future.

Please write legibly. If possible, use a typewriter or computer. Think your answers through carefully before writing them down.

This is not a test. There are no right or wrong or expected responses. This is designed to assist you in reviewing significant data about yourself, which will aid you in vocational planning.

Interpret the questions in such a way that your answers are relevant to your present work/life situation. After you have completed this questionnaire, you may choose to make a copy for your own files. This one will be retained in your file here at the Center.

Part I - Biographical Data

1. Name _____ Age _____ Gender _____

2. Place of Birth _____ Date of birth _____

3. Current address _____

Email address: _____

4. Relational status: single _____ engaged _____ married, first time _____ divorced _____
 separated _____ widowed _____ remarried _____ partnered _____. If married, date of
 marriage _____ Spouse/partner's name _____
 If widowed, divorced, or remarried, dates of previous marriage(s): _____ to _____,
 _____ to _____.

5. If you have children, list them by first name, date of birth, age, and gender:

Name	Date of birth	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List members of your primary family -- father (F), mother (M), brother (B), sister (S) –
 chronologically, beginning with the oldest, including yourself (Sf). If any are deceased, place
 (D) after their age at the time of death and the date of their death.

F, M, B, S, Sf	Age	Occupation	Educational Level
_____	_____	_____	_____
_____	_____	_____	_____

7. With what denomination are you affiliated/affiliating?

8. Geographic Region or judicatory: _____

9. Judicatory contact person: _____

Address: _____

10. Your current designated ecclesiastical status:

Ordained: (y)___ (n) __ Where:_____ Date:_____ By whom: _____

Denomination: _____

Local: _____

11. Church membership: _____

Type of parish (rural, urban, inner city, suburban). Member for how long? _____

12. Earnings:

Cash	\$
Housing allowance	\$
Spouse/partner earnings	\$
Other income	\$
TOTAL income	\$

Indebtedness:

Mortgage	\$
Credit cards	\$
Loans	\$
Other	\$
TOTAL indebtedness	\$

Do you live in a manse/parsonage/rectory? _____ If yes, are utilities provided? _____

If you do not live in a manse/parsonage/rectory, are you renting? _____ Buying? _____

Continuing Education: Financial support: \$ _____ annually

Time allowed: _____ annually

Part II - Education History

13. Year finished high school _____ List all formal education since high school to present:

Dates	Institution (City/State)	Major	Degree
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Grade Pt.

--	--	--	--

Subjects of special study or research: _____

Foreign languages spoken: _____

14. Continuing Education events that have been meaningful and/or helpful:

Dates	Length of Event	Event Title, Sponsoring Institution or Agency (City/State)	Learning and/or Skills Improved

15. Are you requesting CEUs for your Career Evaluation Program? Yes___ No ___

Part III - Employment History

16. List all full-job experiences and/or volunteer services from high school to the present. In the last column indicate your degree of satisfaction on a scale of 1 (low) to 6 (high).

Dates Mo/Yr	Employer	Highest Monthly Wage	Type of Work	Degree of Satisfaction

--	--	--	--	--

17. Have you previously received career or vocational counseling? Yes ___ No ___

If yes, give dates and name of agency: _____

18. Previous or current counseling or psychotherapy (indicate which and dates):

Personal _____ Date/s: _____

Marriage/Family _____ Date/s: _____

Group _____; Date/s: _____

Reasons for entering counseling:

19. Describe your present job, including:

A. Duties and responsibilities

B. How do you **feel** about your job and your effectiveness in it?

C. What you most enjoy about your job?

D. Which of your skills and interests are not being used?

E. What would you most like to change about your job? (sources of displeasure, stress and boredom)

F. Your relationship to co-workers

G. Your relationship to supervisor or employer, vestry, or church council

H. Feedback you have received regarding your effectiveness

20. Describe your decision to enter your occupation, including such data as age, circumstance, influential people or experiences, etc.

21. What were your expectations as to role, reward, and opportunities??

22. How have your expectations been fulfilled and/or frustrated?

23. Do you get enough solitude? How do you occupy your solitary hours?

24. As you consider yourself as a person, what are five abilities, attributes or characteristics **you** feel are your best assets?

1. _____

2. _____

3. _____

4. _____

5. _____

25. What other abilities, attributes of characteristics would you like to develop or change?

26. Going back as far in your life as you like, what other kinds of jobs have you fantasized about doing?

27. What is the most important lesson you have learned to date?

Part IV – Relationships

28. Describe your relationship to your **Father** and your feelings about that relationship during:

A. Childhood (approximately ages birth to 12)

B. Adolescence (approximately ages 13-20)

C. Adulthood (approximately age 21 to present)

29. Describe your relationship to your **Mother** and your feelings about that relationship during:

A. Childhood (approximately ages birth through 12)

B. Adolescence (approximately ages 13-20)

C. Adulthood (approximately ages 21 to present)

30. Describe your relationship with significant others during childhood, adolescence and adulthood, including the present:

A. Brother(s) and sister(s)

B. Other adults living in the home

C. Friends

D. Other significant relationships

32. Describe your religious development and/or spiritual development noting particularly any which have influenced your occupational choice during:

A. Childhood (approximately birth to 12)

B. Adolescence (approximately ages 13-20)

C. Adulthood (approximately age 21 to present)

32. Describe how your friends feel about your work and career plans:

33. Describe your relationship to your fiancé/fiancée/spouse/partner and how s/he feels about your work and career plans. If divorced, describe relationship to ex-spouse.

34. If you are engaged, married or partnered, what is the level of his/her education and what career plans does s/he have?

35. If you have children, describe your relationship to them, the amount of time you spend with them, how discipline is/was handled in the home, etc.

36. As you consider your career, what are your short-range goals?

37. As you consider your career, what are your long-range goals?

38. Having completed this questionnaire, what stands out as most significant for you?

Additional comments:

Please estimate the time you spent on this questionnaire _____