

## Interview Summary Form

Name of Interviewee \_\_\_\_\_

Presbytery of Membership or Care  
\_\_\_\_\_

Date of Interview \_\_\_\_\_

Position Considered (Check Below as Appropriate)

Permanent \_\_\_\_ Associate \_\_\_\_ Interim \_\_\_\_

Temporary \_\_\_\_ HR \_\_\_\_

Validated Outside a Congregation \_\_\_\_

Validated Beyond Jurisdiction \_\_\_\_

Name of Church or Employing Organization  
\_\_\_\_\_

Interview Commission Decision (Check All Below as Appropriate)

Approved for further consideration by PNC, APNC, or Session (temporary position) Yes \_\_\_\_ No \_\_\_\_

Approved the request for Validated Ministry  
Yes \_\_\_\_ No \_\_\_\_

Interviewee responded affirmatively to the question: "Are you able to answer all the ordination questions in the affirmative without exception: and if not which ones and why not?"  
Yes \_\_\_\_ No \_\_\_\_

Approved for Membership in the Presbytery  
( ) Permanent ( ) Temporary  
Yes \_\_\_\_ No \_\_\_\_

**COM Members of the Interview Commission:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the Convener of the Interview Team  
\_\_\_\_\_

### Addendums:

Please attach:

- CIF Form  
 PIF FORM  
 Statement of Faith  
 Bio

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

Spouse name:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Ordination: \_\_\_\_\_

Ordaining Presbytery: \_\_\_\_\_

**Instructions:** Attach a information requested above and indicate those items received by placing a check in the box. Return this form to the Presbytery Office for further processing and or filing by the Stated Clerk and staff.

Signature of the Interviewee  
\_\_\_\_\_