DUCC Member Information Form

First Name Last Name				
revious NameDate of Birth (optional)				
Street/Apt/Box				
	Prov Postal Code			
Email				
	Cell ()			
Please indicate your UCC Regional Council:				
Are you:				
diaconal minister	diaconal candidate applicant			
ordained minister	designated lay minister other			
congregational designated minister				
Where did you study? What year were you commissioned? (if applicable) Degrees, Diplomas:				
Any Publications? (list on another page)				
Are you retired? If yes, please give the date:				
Current Workplace (if applicable):				
Which category best describes your current diaconal ministry (pick as many as apply)?				
congregationalins	stitutionaleducational			
social justice pa	storal carevolunteer			
administrativeten	nt making full time			
part time stu	ndent other			

We app		cipated in our organization. Please check all that
	DUCC Coordinating Committee	Which Year(s)?
	DUCC Advocacy Committee	Which Year(s)
	DUCC membership	Which Year(s)
	DUCC Communications	Which Year(s)
	DUCC Affirming	Which Year(s)
	DUCC Barb Elliot Trust Fund	Which Year(s)
	DUCC Kaufman fund	Which Year(s)
	National Gathering Planning	Which Year(s)
	National Gathering Local Arrangements	Which Year(s)
	Attended National Gathering(s)	Which Year(s)
	Attended DOTAC	Which Year(s)
	Attended World Diakonia	Which Year(s)
United Church Representation: If you are on a committee in your region or a General Council Committee or Task Group that has responsibility in some way for diaconal ministry, or as a diaconal rep please describe (which one? length of term? Etc.)		
	re you created your Profile for our website? Is it make a profile. It's a great way to grow our onl	t up to date? You are encouraged to go to our website ine community. Thanks!
Con	nments:	
Send your form to: info@ducc.ca		
Or mail to our database coordinator Debra Kigar, 304-945 Daryl Drive, Burlington ON L7T 0A1		