

REQUEST FOR INTERSTATE TRANSFER – EXIT INTERVIEW



indianaministries

Please note: This form must be received by Indiana Ministries before an Inter-Assembly Transfer can be sent.

NAME: _____

Email: _____

If you were serving in a ministry position in a church in Indiana:

Church Name: _____ City: _____

My position was:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Music/Worship | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Missions |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Ecumenical Ministry | |
| <input type="checkbox"/> Associate Pastor in _____ | | <input type="checkbox"/> Other _____ | |

I began this ministry on ____/____/____

Date of resignation ____/____/____

Regarding your ministry in Indiana...

What do you feel was your greatest success or accomplishment?

What do you feel was your greatest disappointment(s)?

What do you feel was your greatest lesson learned?

How were you involved in State Church of God ministry in Indiana?

How do you feel Indiana Ministries supported you during your ministry in Indiana?

Continued on next page

