

ANNUAL REPORT OF THE DEACON

Form for the Appointment of Deacon in Full Connection or Provisional Member in the Deacon Track

The General Council on Finance and Administration

PART I

Name:				
Business Phone:	Home Phone:	Home Phone:		
Cell Phone:	Fax:	Business Address:		
		City:		
State:	Zip:	Home Address:		
		City:		
State:	Zip:	Preferred address for mailing		
purposes and inclusion in the journal: Home:	Business:			
Clergy membership status: Full Connection	Provisional			
Annual Conference:				
Charge Conference:	District:			

PART II (Attach sheet if needed)

1. If you are serving in a setting extending the witness and service of Christ in the world (¶331.1a), give the name and address of the institution or agency.

According to ¶331.4, deacons in full connection serving in an agency or setting beyond the local church shall relate to a local congregation. Give the name and address (including district and conference) of the local church to which you relate and serve as your second appointment.

2. If your primary field of service is in the local church, give the name and address of the local church, district, and conference.

3. If you are under appointment outside the conference of which you are a member, please complete the following:
Conference where you serveBishop
District District Superintendent
For affiliate charge conference membership, give the name and address (including district and conference)of the ocal church to which you relate.
Fitle/Position:
Agency/Institution:
Base compensation: (Year) \$
Jtilities and other housing related allowances
Travel allowanceother cash allowances
Please indicate you appointment category: a. Agency or setting beyond the localchurch b. United Methodist Church-related agency, school, college, theological school, or ecumenical agency c. Local congregation, charge, or cooperative parish d. Endorsed by the General Board of Higher Education and Ministry e. In service with General Board of Global Ministries
PART III
Area of your certification, specialization, or field of service:

Have you mailed your request for annual review and renewal of certification,		
specialization to the appropriate agency?	Yes	

On Leave: First Year	Second Year	Third Year	Fourth Year	Fifth Year (¶353)
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Describe in what new ways you envision connecting the congregation with the needs in the world.

According to ¶419 the district superintendent shall receive a report of each clergy person on his or her program of continuing education and spiritual growth. According to ¶350 list the ways you have fulfilled your plans for your continuing personal formation during the past year, including spiritual enrichment, service, missional, and continuing education opportunities.

According to ¶350 describe your plans for your continuing formation during the year ahead.

(Attach additional pages if necessary)

Signature

Date

SEND COPIES TO:
1. The Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Bishop of the area in which you serve, if other than area of which you are a member.
5. Conference Secretary
6. Charge Conference
Copies of this report may also be used to inform the General Board of Higher Education and Ministry

The General Council on Finance and Administration of The United Methodist Church Revised 2017