

Travel allowance:

## Annual Report of the Deacon in Provisional or Full Membership

THE UNITED METHODIST CHURCH

## Part I: Identification Name: Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Business street address: \_\_\_\_\_ State: \_\_\_\_ Zip/postal code: \_\_\_\_ \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_ City: Preferred address for mailing purposes and inclusion in conference journal: ☐ Business Membership status: ☐ Full membership ☐ Provisional membership Annual conference: \_\_\_\_\_ Charge conference: Part II: Appointment location 1. Please indicate your primary appointment category (check all that apply): ☐ Agency or setting beyond the local church ☐ United Methodist Church-related agency, school, or ecumenical agency Local congregation, charge, or cooperative parish Endorsed by the General Board of Higher Education and Ministry Endorsing Agency ☐ In service with the General Board of Global Ministries 2. If you are serving in a setting extending the witness and service of Christ in the world (¶ 331.1a), provide the name and address of the institution or agency. List your title or position and a brief description of your duties. According to ¶ 331.5, deacons serving an agency or setting beyond the local church shall relate to a local congregation in secondary appointment. Provide the name, address, district, and conference of your secondary appointment. 3. If your primary appointment is to a congregation or charge, list the name(s), address(es), district, and conference of this congregation or charge. Base compensation/year: \$ Utilities and other housing-related allowances: \_\_\_\_\_

\_\_\_\_\_ Other cash allowances: \_\_\_\_\_

Part III: Practice of ministry	
List your area of certification, specialization, or field of serv	vice:
Have you mailed your request for biennial renewal of certif $\square$ Yes $\square$ No	fication in specialized ministry to the appropriate agency?
Are you on leave? If so, state the year of leave you have co	ompleted (first, second, etc.) (¶ 354):
•	nd write about the ways in which you have lived out your call God with the needs of the world. Include a short vignette about
Describe in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in what new ways you envision connecting the particle in the particle in what new ways you envision connecting the particle in which it is not also in the particle in	eople of God with the needs of the world.
According to ¶ 419.7, the district superintendent shall rece of continuing education and spiritual growth. According to continuing personal formation during the past year, includi education opportunities.	¶ 351, list the ways you have fulfilled your plans for your
Describe your plans for continuing formation in the year at	nead.
Attach a copy of your most recent performance evaluation	1.
Signature:	Date:
Send	copies to:
1. Bishop	5. Conference secretary
2. District superintendent	6. Charge conference
<ul><li>3. Board of Ordained Ministry</li><li>4. Bishop of the area in which you serve, if other than</li></ul>	7. United Methodist Endorsing Agency, if you serve in
the area of which you are a member	endorsed ministry (General Board of Higher Education and Ministry Endorsing Agency, P.O. Box 340007, Nashville, TN

37203-007 or umea@gbhem.org)