Retired Minister's Annual Service Report To the District Conference



INSTRUCTIONS

INSTRUCTIONS: If you desire to expand on any of your answers, please go to "Additional Remarks" at the end of this form and record your comments there. Be sure to begin your comments with, "Regarding No. 1" or whatever the number of the question might be.

PER	SONAL INFORMATION	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DISTRICT		FOR FISCAL YEAR ENDING
MAILING ADDRESS (STREET/P.O. BOX)		
CITY	STATE OR PROVINCE	POSTAL CODE
HOME ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	I	
CITY	STATE OR PROVINCE	POSTAL CODE
CELL PHONE NUMBER	•	•
WORK PHONE NUMBER		
HOME PHONE NUMBER		
PRIMARY EMAIL ADDRESS		BIRTH DATE (mm/dd/yyyy)

A. APPOINTMENT				
1. Are you engaged in secular work?	Yes	No		
1.a. If <u>yes</u> , please describe briefly.				
2. Each Wesleyan Minister must hold membership at a Wesleyan church to maintain credentials within The Wesleyan Church. <i>Disc. 3097</i> . Give the the local Wesleyan church and city where your membership resides in good standing.	name of			
B. PERSONAL RESPONSIBILITIES				
3. How are you progressing in your journey to live a life that is blameless and above reproach, and setting a good example of the lifestyle and condu Guides and Helps to Holy Living?	uct described in th	he		
4. Are you currently involved in a relationship, questionable activity or addictive behavior which, if not properly addressed, will harm or destroy your ministry?	Yes	No		
4.a. If <u>yes</u> , please explain.				
5. Are you fully committed to uphold the doctrines of The Wesleyan Church, its Articles of Religion and Leadership Commitments as defined in <i>The Discipline</i> ?	Yes	No		
5.a. If <u>no</u> , please describe briefly.				

B. PERSONAL RESPONSIBILITIES		
6. If applicable, describe any areas of your life or ministry for which you would welcome counsel or coaching.		
7. Would you accept invitations for pulpit supply or interim pastoral service?	Yes	No
8. If desired, give a brief testimony or special prayer request.		
C. LEGAL ACCOUNTABILITES		
9. Since your last Annual Service Report, have you been accused or found guilty of any criminal activity?	Yes	No
9.a. If <u>ves</u> , please explain.		
10. Since your last Annual Service Report, have you participated in, or been accused of, any sexual misconduct (such as fornication, adultery, child abuse [pedophilia], the sexual abuse of adolescent minors, or homosexuality?)	Yes	No
10.a. If <u>yes</u> , please explain.		
11. Are there any pending legal actions which might incriminate you in the future?	Yes	No
11.a. If <u>ves</u> , please explain.		

SIGNATURE
Please sign in ink. Electronic submission constitutes signature.
ADDITIONAL REMARKS
Use this space to register all added comments.
Be sure to number your comments to correspond with the number of the question upon which you are giving more information.
Regarding No:
What ideas or suggestions do you have for the district leadership to consider?
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WHEN YOU HAVE COMPLETED THIS DOCUMENT, BE SURE TO PRINT AND SAVE A COPY FOR YOUR RECORDS.