2026 Chaplain's Annual Service Report To the District Conference

THE wesleyan CHURCH

INSTRUCTIONS

INSTRUCTIONS: Every credentialed person shall submit an annual service report to the district board of ministerial development at the time designated by the district *(Discipline 1390:7-8; 1402)*. A commissioned lay missionary is not required to submit a report.

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.

CONTACT INFORMATION

LAST NAME	
FIRST NAME	MIDDLE INITIAL
DISTRICT	
MAILING ADDRESS *(STREET/P.O. BOX)*	
CITY	
STATE **OR** PROVINCE	POSTAL CODE
HOME ADDRESS *(IF DIFFERENT FROM MAILING ADDRESS)*	
CITY	
STATE **OR** PROVINCE	POSTAL CODE

CONTACT INFORMATION

MOBILE PHONE NUMBER

WORK PHONE NUMBER

HOME PHONE NUMBER

PERSONAL EMAIL ADDRESS

WORK EMAIL ADDRESS

WHAT IS YOUR PREFERRED EMAIL	○ Personal	○ Work

WHAT IS YOUR ETHNICITY?

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Hispanic or Latino
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Caribbean
- ○ Multi-ethnic

CONTACT INFORMATION

WHAT IS YOUR PRIMARY LANGUAGE?

- ○ English
- ○ French
- ○ Korean
- ○ Spanish
- ○ Dutch
- ○ Swahili
- ○ Tamil
- ○ Chinese (Mandarin)
- ○ Japanese
- ○ Arabic
- ○ Other _____

MARITAL STATUS

- ○ Single
- ○ Married
- ○ Widowed
- ○ Separated
- ○ Divorced

WEDDING ANNIVERSARY *(MM/DD/YYYY)*

ⓘ *If applicable*

_____ / _____ / _____

BIRTH DATE *(MM/DD/YYYY)*

_____ / _____ / _____

PERSONAL RESPONSIBILITIES

1. 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 conduct described in the *Guides and Helps to Holy Living*?

2. Are you involved in a relationship, abusive activity or addictive behavior which, if not properly addressed, will harm or destroy your ministry? (*To view "Definitions of Abuse" visit wes.life/gbp-doa*).

General Board Policy on Church Discipline APPENDIX VI: DEFINITIONS OF ABUSE 5500-5523

- ○ Yes
- ○ No

2a. *If **yes**, please explain.*

3. Describe your current relationship with Christ.

PERSONAL RESPONSIBILITIES

4. Are you fully committed to uphold the doctrines of The Wesleyan Church, its Articles of Religion and Leadership Commitments as defined in *The Discipline*?	○ Yes ○ No

4a. *If **no**, please explain.*

5. If applicable, describe any areas of your life or ministry for which you would welcome counsel or coaching.

6. Describe your practice of personal evangelism or disciple making.

7. Have you faithfully tithed your income to The Wesleyan Church during this past year?	○ Yes ○ No

LEGAL ACCOUNTABILITIES

8. Since your last Annual Service Report, have you been accused or found guilty of any criminal activity?	○ Yes ○ No

8a. *By marking **yes**, you have indicated that you have been accused or found guilty of criminal activity. Please provide details.*

9. 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

9a. *By marking **yes**, you have indicated that you participated in or have been accused of sexual misconduct. Please provide details.*

10. Are there any pending legal actions which might incriminate you in the future?	○ Yes ○ No

10a. *By marking **yes**, you have indicated that you have pending legal actions. Please provide details.*

OUTLOOK

11. Are you ready to renew or accept appointment (*Disc. 3250*) at the hand of the conference again this year?	○ Yes ○ No

11a. *If **no**, give your reason why.*

12. Are you requesting a change in your category of appointment or district relations (*Disc. 1240*)?	○ Yes ○ No

12a. *If **yes**, state what change you desire*

APPOINTMENT

13. Have you sought faithfully by your personal dealings and your public ministry to lead:

13a. Sinners to a saving knowledge of Jesus Christ?	○ Yes	○ No
13b. Believers into entire sanctification?	○ Yes	○ No

14a. How would you assess your support of The Wesleyan Church?

14b. How would you assess your support of your District?

14c. How would you assess your support of Wesleyan Education Institutions?

15. Each Wesleyan Minister must hold membership at a Wesleyan Church to maintain credentials within The Wesleyan Church (*Disc. 3097).* Give the name of the local Wesleyan church and city where your membership resides in good standing.

APPOINTMENT

16. Describe briefly how you have served as a Chaplain in The Wesleyan Church this past conference year.

17. Do you anticipate any changes in your chaplaincy assignment in the coming year?	○ Yes	○ No

17a. *If **yes**, please explain.*

APPOINTMENT (MILITARY CHAPLAIN)

M1. Are you endorsed by The Wesleyan Church? ○ Yes ○ No

M2. Did you attend the Chaplain's retreat? ○ Yes ○ No

M3. In what branch of service are you listed?

- ○ US Army
- ○ US Air Force
- ○ Canadian Army
- ○ US Marine Corps
- ○ US Space Force
- ○ Royal Canadian Air Force
- ○ US Navy
- ○ US Coast Guard
- ○ Royal Canadian Navy
- ○ US National Guard
- ○ Other _____

M4. In what branch of service are you listed?

- ○ Active Duty
- ○ National Guard
- ○ Reserve

M5. What is your rank?

M6. Date of Rank? *(MM/YYYY)* _____ / _____

M7. Has there been a change in your rank in the past year or is one anticipated in the coming year?

- ○ Yes, last year
- ○ Yes, anticipated next year
- ○ No

M7a. *If **yes**, please explain.*

APPOINTMENT (MILITARY CHAPLAIN)

M7. Military base or unit to which you are assigned:

M8. If your unit has a website, please list it:

M9. List your official assignments for the year.

APPOINTMENT (INSTITUTIONAL CHAPLAIN)

I1. Where are you an institutional chaplain? *(Please check one)*

- ○ Hospital
- ○ Nursing Home
- ○ Prison
- ○ Other _____

I2. Name of institution you are serving at:

I3. Are you CPE certified? ○ Yes ○ No

I3a. *If **yes**, where did you receive your certification/training?*

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?

SIGNATURE

Please sign in ink.

WHEN YOU HAVE COMPLETED THIS DOCUMENT, BE SURE TO MAKE A COPY FOR YOUR RECORDS