**The United Methodist Church**

**Appointment to an Extension Ministry**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED ADDRESS FOR MAILING PURPOSES AND FOR INCLUSION IN JOURNAL: [ ]  HOME [ ]  BUSINESS

[ ]  FULL MEMBER [ ]  PROVISIONAL MEMBER [ ]  ASSOCIATE MEMBER [ ]  LOCAL PASTOR OF
ANNUAL CONFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHARGE CONFERENCE MEMBERSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under appointment outside the conference of which you are a member, please complete the following:

Conference where you serve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bishop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliate charge conference membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
AGENCY/INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BASE COMPENSATION (YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UTILITIES AND OTHER HOUSING RELATED ALLOWANCES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAVEL ALLOWANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER CASH ALLOWANCES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (¶ 344.1)

[ ]  a. Appointed within the connectional structure

[ ]  b. Endorsed by the UM Endorsing Agency within the General Board of Higher Education and Ministry

[ ]  c. In service with General Board of Global Ministries

[ ]  d. Appointed to other valid approved extension ministry

Attach: 1) a brief narrative of your ministry during the past year including a copy of your annual evaluation; and 2) evidence of your continuing education and spiritual growth program and future plans. (¶ 344.2)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COPIES MUST BE SENT TO:

1. Bishop – abotti@epaumc.org
2. District Superintendent
3. Board of Ordained Ministry to either Rev. Johnson Dodla - johnson@mthope.org or Rev. Gary Knerr - pastorknerr@grovechurch.org
4. Conference Secretary – conferencesecretary@epaumc.org
5. Bishop of area in which you serve, if other than area of which you are a member
6. DEACONS – Submit to GBHEM through deacons@gbhem.org

A copy of this report may be used to inform the Charge Conference(s) of which you are a member and an affiliate member in keeping with ¶316.1 and 344.3 a,b.

\*A copy of this report should be used to inform the United Methodist Endorsing Agency, PO Box 340007, Nashville, TN 37203- 0007 in keeping with ¶344.1b.

THE GENERAL COUNCIL ON FINANCE AND ADMINISTRATION

Revised 2/2017

Supplement to Form No. 251737

The United Methodist Church

Eastern Pennsylvania Conference

**2020 APPOINTMENT TO AN EXTENSION MINISTRY**

Name:       Charge Conference:

District:

**1.** How long have you been on Appointment to an Extension Ministry?

**2.** Do you wish reappointment in your present position and continue of your present relationship to the conference for the ensuing year? Yes       No

***(This statement indicates that you would like to be re-appointment to Extension Ministry. By not returning this form, you indicate that you do not desire re-appointment.)***

If the answer is “NO,” what do you request for the next conference year?

**3.** Are there any personal issues or changes in your family life? Yes       No

**4.** Have you attended a daylong Sexual Ethics Seminar during the 2017-2020 quadrennium?

Yes       No

If “YES,” what year? Who taught the seminar?

Where was the Seminar taught?

If “NO,” what are your plans for fulfilling this requirement?

**If “YES,” please include a copy of your CEU’s or other verification, AND send one copy to:** Board of Ordained Ministry - Rev. Johnson Dodla - johnson@mthope.org or Rev. Gary Knerr - pastorknerr@grovechurch.org

5. Have you administered the Sacraments of Baptism and the Lord’s Supper during the past year?

Yes       No       (Lord’s Supper) Yes       No       (Baptism)

Date       Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_