**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: Click or tap here to enter text. Business Phone: Click or tap here to enter text. Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text. Fax: Click or tap here to enter text.

Business Address: Click or tap here to enter text. City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Home Address:Click or tap here to enter text. City: Click or tap here to enter text.State: Click or tap here to enter text.Zip: Click or tap here to enter text.

Preferred address for mailing purposes and inclusion in the journal: Home: [ ]  Business: [ ]

Clergy membership status: Full Connection: [ ]  Provisional: [ ]

Annual Conference: Click or tap here to enter text. Charge Conference: Click or tap here to enter text. District: Click or tap here to enter text.

# PART II

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.

Click or tap here to enter text.

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.
Click or tap here to enter text.

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

Click or tap here to enter text.

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

Conference where you serve: Click or tap here to enter text. Bishop: Click or tap here to enter text.

District: Click or tap here to enter text. District Superintendent: Click or tap here to enter text.

For affiliate charge conference membership, give the name and address (including district and conference) of the local church to which you relate: Click or tap here to enter text.

Title/Position: Click or tap here to enter text. Agency/Institution: Click or tap here to enter text. Base compensation: Click or tap here to enter text.
(Year Click or tap here to enter text.) $ Click or tap here to enter text. Utilities and other housing related allowances: Click or tap here to enter text. Travel allowance: Click or tap here to enter text. Other cash allowances: Click or tap here to enter text.

Please indicate your appointment category:

[ ]  Agency or setting beyond the local church

[ ]  United Methodist Church‐related agency, school, college, theological school, or ecumenical agency

[ ]  Local congregation, charge, or cooperative parish

[ ]  Endorsed by the General Board of Higher Education and Ministry

[ ]  In service with General Board of Global Ministries

# PART III

Area of your certification, specialization, or field of service:

Click or tap here to enter text.

Have you mailed your request for annual review and renewal of certification, specialization to the appropriate agency? [ ]  Yes [ ]  No

On Leave: First Year Second Year Third Year Fourth Year Fifth Year (¶353)

Read ¶328 and ¶329 of The Book of Discipline. Reflect, and write about the ways in which you have lived out your call to the ministry of the deacon connecting the congregation with the needs of the world.
Click or tap here to enter text.

Describe in what new ways you envision connecting the congregation with the needs in the world.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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

Click or tap here to enter text.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_