

# Appointment to an Extension Ministry

The General Council on Finance and Administration, The United Methodist Church

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)

# Appointment to an Extension Ministry – Supplement

The Eastern Pennsylvania Conference, The United Methodist Church

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

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

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.)***

- a. 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
  - a. If "YES," what year? \_\_\_\_\_ Who taught the seminar? \_\_\_\_\_
  - b. Where was the Seminar taught? \_\_\_\_\_
  - c. If "NO," what are your plans for fulfilling this requirement?

- d. 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](mailto:johnson@mthope.org) or Rev. Gary Knerr - [pastorknerr@grovechurch.org](mailto: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: \_\_\_\_\_

## COPIES MUST BE SENT TO:

1. Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Conference Secretary
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](mailto: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 ¶1316.1 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 ¶1344.1b.