



Annual Report of the Deacon in Provisional or Full Membership

Part I: Identification

Name: _____

Business phone: _____ Home phone: _____

Cell phone: _____ Fax: _____

Employment street address: _____

City: _____ State and zip/postal code: _____

Home street address: _____

City: _____ State and zip/postal code: _____

Preferred email address: _____

Preferred address for mailing purposes and inclusion in conference journal: Home Work

Membership status: Full membership Provisional membership

Annual conference: _____

Charge conference: _____

Part II: Appointment location

1. Please indicate your primary appointment category (check all that apply):

- Agency or setting beyond the local church
- United Methodist Church-related agency, school, or ecumenical agency
- Local congregation, charge, or cooperative parish
- Endorsed by the General Board of Higher Education and Ministry Endorsing Agency
- In service with the General Board of Global Ministries

2. If you are serving in a setting extending the witness and service of Christ in the world (¶ 331.1a), provide the name and address of the institution or agency. List your title or position and a brief description of your duties.

According to ¶ 331.5, deacons serving an agency or setting beyond the local church shall relate to a local congregation in secondary appointment. Provide the name, address, district, and conference of your secondary appointment. (Charge conference relationships [¶ 331.9b]: For those serving within the bounds of their conference of membership, this may also be the charge conference relationship. For those serving outside the bounds of their conference of membership, this may also be the affiliate relationship.)

If serving outside the bounds of your conference of membership, please also provide the name, address, district, and conference of your charge conference relationship in your conference of membership (see ¶ 331.9b).

3. If your primary appointment is to a congregation or charge, list the name(s), address(es), district, and conference of this congregation or charge.

Base compensation (year:) _____ \$ _____
Utilities and other housing-related allowances: _____
Travel allowance: _____ Other cash allowances: _____

Part III: Practice of ministry

List your area of certification, specialization, or field of service:

Have you mailed your request for biennial renewal of certification in specialized ministry to the appropriate agency? (yes or no) _____

Are you on leave? If so, state the year of leave you have completed (first, second, etc.) (¶ 353):

Attach additional pages for the following if you wish:

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 in connecting the people of God with the needs of the world. Include a short vignette about your interaction with those you serve.

Describe in what new ways you envision connecting the people of God with the needs of the world.

According to ¶ 419.7, 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, mission, and continuing education opportunities.

Describe your plans for continuing formation in the year ahead.

Attach a copy of your most recent performance evaluation.

Signature: _____ Date: _____

Send copies to:

1. Bishop of conference in which you are a member
2. District superintendent
3. Board of Ordained Ministry
4. Bishop of the area in which you serve, if other than the area of which you are a member
5. Conference secretary
6. Charge conference
7. Office of Deacons & Diaconal Ministers, GBHEM, P. O. Box P.O. Box 340007, Nashville, TN 37203-0007 or deacons@gbhem.org
8. If you serve in endorsed ministry, send to United Methodist Endorsing Agency, P.O. Box 340007, Nashville, TN 37203-0007 or umea@gbhem.org)

FORM HE 4005