



## Annual Report of the Deacon in Provisional or Full Membership

### Part I: Identification

Name: \_\_\_\_\_

Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business 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  Business

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.

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.) (¶ 354):

*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 ¶ 351, 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](mailto: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](mailto:umea@gbhem.org))