



The United Methodist Church

APPOINTMENT OF DEACON IN FULL CONNECTION and PROBATIONARY MEMBER IN THE DEACON TRACK

PART I

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 PROBATIONARY MEMBER

OF _____ ANNUAL CONFERENCE

CHARGE CONFERENCE MEMBERSHIP _____ DISTRICT _____

PART II (Attach sheet if needed.)

1. If you are serving in a setting extending the witness and service of Christ in the world (§322.1a), give the name and address of the institution or agency.

According to §322.2, 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.

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

3. 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 _____

For affiliate charge conference membership, give the name and address (including district and conference) of the local church to which you relate.

TITLE/POSITION _____

AGENCY/INSTITUTION _____

BASE COMPENSATION (YEAR _____) \$ _____

UTILITIES AND OTHER HOUSING RELATED ALLOWANCES _____

TRAVEL ALLOWANCE _____ OTHER CASH ALLOWANCES _____

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (§322.1)

- a. Agency or setting beyond the local church
 b. United Methodist Church-related agency, school, college, theological school, or ecumenical agency
 c. Local congregation, charge, or cooperative parish
 d. Endorsed by the General Board of Higher Education and Ministry
 e. In service with General Board of Global Ministries

(over)

PART III

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

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 (¶350-354)

PART IV—REPORT OF THE DEACON

Read ¶319 and ¶320 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.

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

According to ¶421.5 the district superintendent shall receive a report of each clergy person on his or her program of continuing education and spiritual growth. According to ¶349 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.

According to ¶349 describe your plans for your continuing formation during the year ahead.

(Attach additional pages if necessary)

Signature of the Deacon _____ Date _____

SEND COPIES TO:

1. The Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Bishop of the area in which you serve, if other than area of which you are a member.
5. Conference Secretary
6. Charge Conference

Copies of this report may also be used to inform the General Board of Higher Education and Ministry .