



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

## PART I

NAME \_\_\_\_\_  
 BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
 FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 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 (§ 331.1(a,b)), give the name and address of the institution or agency.

According to § 331.4 deacons in full connection serving in an agency 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 \_\_\_\_\_) \$ \_\_\_\_\_

TRAVEL ALLOWANCE \_\_\_\_\_ OTHER CASH ALLOWANCES \_\_\_\_\_

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (§ 331.1)

- 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 ¶ 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.

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 ¶ 351 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 ¶ 351, 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. Bishop Paul Leeland, PO Box 18750, Charlotte, NC 28218
2. District Superintendent (see journal listing)
3. Bishop of the area in which you serve, if other than area of which you are a member.
4. Conference Secretary and BOM Registrar, Kimberly Ingram., PO Box 18005, Charlotte, NC 28218
5. Charge Conference

Copies of this report may also be used to inform the General Board of Higher Education and Ministry.  
(Next page for additional typing space)

Additional Space: