**The United Methodist Church**

Appointment to an Extension Ministry

NAME E-MAIL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
HOME ADDRESS CITY STATE / ZIP BUSINESS ADDRESS CITY STATE / ZIP

PREFERRED ADDRESS FOR MAILING AND PUBLICATION: HOME BUSINESS

FULL MEMBER PROVISIONAL MEMBER ASSOCIATE MEMBER LOCAL PASTOR ANNUAL CONFERENCE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
CHARGE CONFERENCE MEMBERSHIP DISTRICT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under appointment OUTSIDE OF the conference of which you are a member, please complete the following:**

Conference where you serve Bishop District Conference 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)

Please indicate if you are willing to provide occasional pulpit supply. YES NO

Please indicate if you are willing to provide occasional short-term (1-4 weeks) pastoral care coverage. YES NO

If you are willing to provide pulpit supply or pastoral coverage, what additional information would you want us to know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date SIGNED

SEND COPIES TO:

1. Bishop
2. Conference 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

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 ¶316.1 and 344.3 a, b .