

ANNUAL REPORTING FORM - CANDIDATE STATUS

Please make any necessary changes or additions, sign the form, and return it to the District Office

SECTION ONE (Please supply the following information.)

Ordained Minister **Commissioned Minister**

Name _____ **Date Candidate Status granted** _____
First Middle Last

Home Address _____
Street City State Zipcode

Home Telephone _____ **Cell Phone No.** _____

E-mail Address _____

Last active roster position held _____
Pastor/Teacher/DCE/DCO, etc.

Location _____
Church/School City/State

Concluding date of last active roster position held _____

Present congregational membership _____
Name City/State

Are you a member in good standing in the congregation listed above?* _____ Yes _____ No

(* as determined by the congregation where you hold membership)

SECTION TWO (Please answer the following questions.)

1. _____ Yes _____ No Do you have any health problems that would keep you from performing the duties of a ordained/commissioned minister?
2. _____ Yes _____ No If the answer to question 1 is "yes," are these health problems expected to be lifelong?
3. Indicate below the extent of your current involvement on a part-time and assisting basis in your respective ministry.

Ordained Ministers

_____ Pulpit supply
_____ Worship leading
_____ Distribution of Holy Communion
_____ Bible Class teaching
_____ Pastoral visitation
_____ Other (specify)

Commissioned Ministers

_____ Teach Part-time
_____ Substitute teach
_____ Youth work
_____ Teach Sunday School
_____ Committee work
_____ Other (specify)

4. Please explain any limitations on your ability to consider a call.

Signature _____

Date _____