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| Name | | |
| (last name - first name - middle initial) | | (town/city plus church name) |
| District | | For district fiscal year ending 2018 |
| THE WESLEYAN CHURCH Chaplain's Annual Service Report To the District Conference | | |
| <p>INSTRUCTIONS: This report is to be completed by all chaplains of The Wesleyan Church, whether military or institutional and is to be submitted to the district board of ministerial development at the time designated by the district (<i>Discipline</i> 1390:7-10; 1402). If you desire to expand on any of your answers, please go to "Additional Remarks" at the end of this form and type your comments there. Be sure to begin your comments with, "Regarding No. 1" or whatever the number of the question might be.</p> | | |
| A. Appointment | | |
| 1. To what category of chaplaincy were you appointed by the district conference at its last session (3330)? | | |
| 2. Describe briefly how you have served in that category of service this past conference year. (Use the space at the end of this form to complete your response.) | | |
| 3. Have you sought faithfully by your personal dealings and by your public ministry to lead sinners to a saving knowledge of Jesus Christ? | | |
| To lead believers into the experience of entire sanctification? | | |
| 4. Have you endeavored to carry out all that The Discipline requires of you as a minister in your particular field of service? (Discipline 725) | | |
| If not, please explain in the space at the end of this form. | | |
| 5. In self-evaluation, how would you assess your affirmation of loyalty to these agencies of the Church: | | |
| a. General Church | | b. District |
| | | c. Educational Institutions |
| If your assessment is "medium" or "low" it suggests you may have recommendations to offer. Please explain in the space at the end of this form.: | | |
| B. Military Chaplains | | |
| 6. Are you endorsed by The Wesleyan Church? | | |
| 7. In what branch of service are you listed? (USA, USN, USAF, USARNG, USNR, Other?) | | |
| 8. Did you attend the Chaplain's retreat? | | |
| 9. What is your rank? | | |
| 10. Date of rank? | | |
| 11. Has there been a change in your rank in the past year or is one anticipated in the coming year? (Yes, last yr; Yes, anticipated next yr, No) (If yes, explain) | | |
| 12. Military base or unit to which you are assigned: | | |
| 13. If your unit has a website, please list: | | |
| 14. List your official assignments for the year: | | |
| C. Institutional Chaplains | | |
| 15. Where are you an institutional chaplain? (Hospital, Nursing Home, Prison, Other?) | | |
| 16. Are you CPE certified? | | |
| 17. If yes, where did you receive your certification/training? | | |
| D. Personal Responsibilities | | |
| 18. Have you endeavored to live a life that is blameless and above reproach, thereby providing a good example of the life-style and conduct required by the Membership Commitments of The Wesleyan Church? | | |
| 19. Are you currently involved in a relationship, questionable activity or addiction, which, if not properly addressed, will harm or destroy your ministry? | | |
| 20. Is your personal spiritual relationship with Christ continuing to grow or has it plateaued? | | |
| Give testimony of spiritual progress or requests for special needs in the space at the end of this report. | | |
| 21. Are you fully committed to uphold the doctrines of The Wesleyan Church, its Articles of Religion and Membership Commitments as defined in <i>The Discipline</i> ? | | |
| 22. Are there unresolved problems (represented by questions 6, 7, 8, or 9) for which you would welcome or need counsel? | | |
| If yes, would you be willing to seek counsel and therapy through the direction of the DBMD, or other appropriately sponsored/approved district referral program? Confidential helpline: 1-877-REVCARE or 1-877-738-2273. | | |
| 23. Is it your purpose to be effective in the practice of personal evangelism? | | |
| If you have a related testimony or request to share, please use the space at the end of this report. | | |

24. Continuing education: What continuing education goals have you achieved this past year? Please list achieved goals in the space at the end of this report.

25. Have you faithfully tithed your income during this past year?

E. Legal Accountabilities

26. Since your last report to the district conference, have you been accused or found guilty of any criminal activity? If yes, please explain in the space at the end of this report.

27. Since your last report, have you participated in, or been accused of, any sexual misconduct (such as fornication, adultery, child abuse [pedophilia], the sexual abuse of adolescent minors or homosexuality)? If yes, please explain in the space at the end of this report.

28. Are there any pending legal actions which might incriminate you in the future? If yes, please explain in the space at the end of this report.

F. Outlook

29. Do you anticipate any changes in your chaplaincy assignment in the coming year? If so, explain.

30. Are you ready to renew or accept appointment (3250) at the hand of the conference again this year? If not please write your reasons in the space at the end of this form.

31. Are you requesting a change in your category of appointment or district relations (1240)?

If so, please state what change you desire, in the space at the end of this report.

G. Personal Information

32. SIGNATURE

[Please sign in ink. Electronic submission constitutes signature.]

33. Mailing Address (Street or P.O. Box)

34. City/State or Province/Postal Code

35. Home Address (if different from mailing address)

36. City/State or Province/Postal Code

37. Home Telephone

39. Cell phone number

41. Fax

43. Spouse Name:

44. Spouse Email:

38. Year of ordination:

40. Work phone number

42. Preferred Email address:

45. Name and Birthdates of Children:

46. Relate any particular information relative to your family, including significant changes for family members during the past year or anticipated in the coming year (Use space at end of form).

47. Highest level of education (General Education): Use space at the end of this form to answer questions regarding Education and Ministry Training.

48. Level of Ministry Education/Non-Traditional (unaccredited) Training:

Traditional Ministry Ed.

49. What college, university, and/or seminary have you attended? List all that are applicable (Please use space at end of form.)

50. Name of local Wesleyan Church, city and district where your membership currently resides in good standing.

51. If not a member of The Wesleyan Church, name of the local church, address and denomination affiliation where church membership currently resides in good standing.

WHEN YOU HAVE COMPLETED THIS DOCUMENT, BE SURE TO PRINT AND SAVE A COPY FOR YOUR RECORDS.

52. Type of ministerial employment [check one]

- Full-time minister without other employment
- Full-time minister with other employment
- Part-time minister without other employment
- Part-time minister with other employment

53. Length of time in your current assignment

Years:

Months:

54. Your gender

55. Your birth date

Use this space to register all added comments. Be sure to number your comments to correspond with the number of the question upon which you are giving more information. Double-click in the large box below to start.

Regarding No. ____:

What ideas or suggestions do you have for the district leadership to consider?