

Lay Worker's Annual Service Report To the District Conference



Name		
(last name - first name - middle initial)		(town/city plus church name)
District		2019
<p>INSTRUCTIONS: Every licensed or commissioned special worker is to complete this report and submit it to the DBMD at the time designated by the district (<i>Discipline</i> 1390;7-10; 1402) A commissioned lay missionary is not required to submit this report. .". 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 work were you appointed by the district conference at its last session (1180; 26c)?	
2. Have you continued upon that work during this past year?	
3. Using the space at the end of this form, summarize in a few words what you have done to fulfill your ministry this past year.	

B. Labors

4. 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?	
5. Have you endeavored to carry out all that The Discipline requires of you in relation to your particular commission or license?	
If no, please explain in the space at the end of this form.	
6. 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:	

C. Personal Responsibilities

7. 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?	
8. Are you currently involved in a relationship, questionable activity or addiction, which, if not properly addressed, will harm or destroy your ministry?	
9. 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.	
10. 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> ?	
11. Are there unresolved problems (represented by questions 7, 8, 9, or 10) 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.	
12. 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.	
13. Have you faithfully tithed your income to The Wesleyan Church during this past year?	

D. Legal Accountabilities

14. 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.	
15. 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.	
16. 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.	

E. Outlook

17. What do you envision for the future fulfillment of your ministry? Use space at the end of this form to explain.	
18. Are you ready to renew or accept appointment (3250) at the hand of the conference again this year?	<input type="checkbox"/>
If not, please list your reasons in the space at the end of this report.	
19 Do you desire any change in your appointment or district conference relations (1396)?	<input type="checkbox"/>
If so, please state what change you desire, in the space at the end of this report.	

F. Personal Information

20. SIGNATURE [Please sign in ink. Electronic submission constitutes signature.]	→ <input style="width: 100%;" type="text"/>
21. Mailing Address (<i>Street or P.O. Box</i>)	<input style="width: 100%;" type="text"/>
22. City/State or Province/Postal Code	<input style="width: 100%;" type="text"/>
23. Home Address (if different from mailing address)	<input style="width: 100%;" type="text"/>
24. City/State or Province/Postal Code	<input style="width: 100%;" type="text"/>
25. Home Telephone	<input style="width: 100%;" type="text"/>
26. Cell phone number	<input style="width: 100%;" type="text"/>
28. Fax	<input style="width: 100%;" type="text"/>
30. Church phone	<input style="width: 100%;" type="text"/>
27. Secular work phone number	<input style="width: 100%;" type="text"/>
29. Preferred Email address:	<input style="width: 100%;" type="text"/>
31. Highest level of education (General Education) (Use the space at the end of this form to answer questions regarding Education and Ministry Training.	
32. Level of Ministry Education/Non-Traditional (unaccredited) Training: Traditional Ministry Ed.	
33. What college, university, and/or seminary have you attended? List all that are applicable (Please use space at end of form.)	
34. Name of local Wesleyan Church, city and district where your membership currently resides in good standing.	→ <input style="width: 100%;" type="text"/>
35. 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.	→ <input style="width: 100%;" type="text"/>

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

36. Type of lay worker's employment [check one]	<input type="checkbox"/> Full-time lay worker without other employment <input type="checkbox"/> Full-time lay worker with other employment <input type="checkbox"/> Part-time lay worker without other employment <input type="checkbox"/> Part-time lay worker with other employment
37. Length of time in your current assignment	Years: → <input style="width: 50px;" type="text"/> Months: → <input style="width: 50px;" type="text"/>
38. Your gender → <input style="width: 50px;" type="text"/>	39. Your birth date → <input style="width: 150px;" type="text"/>

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?