

**The United Methodist Church
APPOINTMENT OF DEACON IN FULL CONNECTION and
PROBATIONARY MEMBER IN THE DEACON TRACK**

PART I

First Name:	Business Address:
Last Name:	City:
Home Address:	State:
City:	Zip:
State:	Business Phone:
Zip:	E-mail:
Home Phone:	Fax:

PREFERRED ADDRESS FOR MAILING PURPOSES AND FOR INCLUSION IN JOURNAL:

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 (¶331.1a), give the name and address of the institution or agency.

According to ¶331.4, deacons in full connection serving in an agency or setting 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) \$

UTILITIES AND OTHER
HOUSING RELATED
ALLOWANCES

TRAVEL ALLOWANCE

OTHER CASH
ALLOWANCES

PLEASE INDICATE YOUR APPOINTMENT CATEGORY: (¶331.1)

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?

On Leave:

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.

Signature of the Deacon _____ Date: _____

SEND COPIES TO:

1. The Bishop
2. District Superintendent
3. Board of Ordained Ministry
4. Bishop of the area in which you serve, if other than area of which you are a member.
5. Conference Secretary
6. Charge Conference

Copies of this report may also be used to inform the General Board of Higher Education and Ministry.