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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|
| <b>Name</b> →                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (last name - first name - middle initial) | (town/city plus church name) |
| <b>District</b> →                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | For district fiscal year ending           | <b>2016</b>                  |
| <b>THE WESLEYAN CHURCH</b><br><b>Associate/Assistant Pastor Annual Service Report</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                              |
| <p><b>INSTRUCTIONS:</b> Every associate and assistant pastor shall submit an annual service report to the district board of ministerial development at the time designated by the district (<i>Discipline</i> 1390: 7-8; 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. Labors

|                                                                                                                                                                                                |  |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|
| 1. Please list the main areas of responsibility that have been assigned to you by the pastor and the local board of administration (such as youth, music, visitation, etc.).                   |  |                             |
| 2. Summarize briefly how you have endeavored to fulfill the assignments given to you. (Use the space at the end of this form.)                                                                 |  |                             |
| 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 involve those under your care in a personal visitation, soul-winning, and/or outreach program? If yes, please describe briefly 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. Personal Responsibilities

|                                                                                                                                                                                                                                 |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 6. 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?                       |  |  |
| 7. Are you currently involved in a relationship, questionable activity or addiction, which, if not properly addressed, will harm or destroy your ministry?                                                                      |  |  |
| 8. 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.                                                                                                                      |  |  |
| 9. 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> ?                                                            |  |  |
| 10. 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? <b>Confidential helpline: 1-877-REVCARE or 1-877-738-2273.</b> |  |  |
| 11. 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.                                                                                                                            |  |  |
| 12. Continuing education:                                                                                                                                                                                                       |  |  |
| a. What continuing education goals have you achieved this past year? Please list achieved goals in the space at the end of this report.                                                                                         |  |  |
| b. Does your church make funding provisions for your continuing education?                                                                                                                                                      |  |  |
| 13. Have you faithfully tithed your income to The Wesleyan Church during this past year?                                                                                                                                        |  |  |

### C. 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 end of this report.                                                                                                                                     |  |  |

### D. Outlook

|                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------|--|
| <b>17.</b> Are you ready to renew or accept appointment (3250) at the hand of the conference again this year? |  |
| If not, please list your reasons in the space at the end of this report.                                      |  |
| <b>18.</b> 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.                           |  |

### E. Personal Information

|                                                                                                                                                                                        |          |                                                                                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>19. SIGNATURE</b><br>[Please sign in ink. Electronic submission constitutes signature.]                                                                                             | →        |                                                                                                                                                                                                                                                                                |           |  |
| <b>20.</b> Mailing Address ( <i>Street or P.O. Box</i> )                                                                                                                               |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>21.</b> City/State or Province/Postal Code                                                                                                                                          |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>22.</b> Home Address (if different from mailing address)                                                                                                                            |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>23.</b> City/State or Province/Postal Code                                                                                                                                          |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>24.</b> Home Telephone                                                                                                                                                              |          | <b>25.</b> Year of ordination:                                                                                                                                                                                                                                                 |           |  |
| <b>26.</b> Cell phone number                                                                                                                                                           |          | <b>27.</b> Secular work phone number                                                                                                                                                                                                                                           |           |  |
| <b>28.</b> Fax                                                                                                                                                                         |          | <b>29.</b> Preferred Email address:                                                                                                                                                                                                                                            |           |  |
| <b>30.</b> Church phone                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>31.</b> Highest level of education (General Education) - Use space at end of form to answer these questions about education and training for ministry                               |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>32.</b> Level of Ministry Education/Non-Traditional (unaccredited) Training:                                                                                                        |          | Traditional Ministry Ed.                                                                                                                                                                                                                                                       |           |  |
| <b>33.</b> Name of local Wesleyan Church, city and district where your covenant membership currently resides in good standing.                                                         | →        |                                                                                                                                                                                                                                                                                |           |  |
| <b>34.</b> If not a covenant member of The Wesleyan Church, name of the local church, address and denomination affiliation where church membership currently resides in good standing. | →        |                                                                                                                                                                                                                                                                                |           |  |
| <b>WHEN YOU HAVE COMPLETED THIS DOCUMENT, BE SURE TO PRINT AND SAVE A COPY FOR YOUR RECORDS.</b>                                                                                       |          |                                                                                                                                                                                                                                                                                |           |  |
| <b>35.</b> Type of pastoral employment [check one]                                                                                                                                     |          | <input type="checkbox"/> Full-time pastor without other employment<br><input type="checkbox"/> Full-time pastor with other employment<br><input type="checkbox"/> Part-time pastor without other employment<br><input type="checkbox"/> Part-time pastor with other employment |           |  |
| <b>36.</b> Length of time in your current assignment                                                                                                                                   | Years: → |                                                                                                                                                                                                                                                                                | Months: → |  |
| <b>37.</b> Your gender →                                                                                                                                                               |          | <b>38.</b> 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?