

Name	(last name)	(first name)	(initial)
District	For district fiscal year ending (MM/DD/YY) →		
THE WESLEYAN CHURCH Retired Minister's Annual Service Report To the District Conference			
A. Appointment			
1. In what Wesleyan Church is your local membership held?			
2. Are you engaged in secular employment?		If yes, what?	
B. Personal Responsibilities			
3. Together with your household, 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 (260; 265)?			
4. Are you currently involved in a relationship, questionable activity or addiction, which, if not properly addressed will harm or destroy your ministry or influence?			
5. 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> ?			
6. Are there unresolved problems (represented by questions 3,4,& 5) 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?			
7. Would you accept invitations for pulpit supply or interim pastoral service?			
8. If desired, give a brief testimony or special prayer request:			
C. Legal Accountabilities			
9. Of what nation are you a citizen?			
10. If you are not a citizen of the country where you currently reside, what is your current visa or immigration status?			
11. Since your last report to the district conference, have you been accused or found guilty of any criminal activity? If yes, please explain:			
12. 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:			
13. Are there any pending legal actions which might incriminate you in the future? If yes, please explain:			
D. Personal Information			
14. SIGNATURE ▶			
15. Mailing Address (Street or P.O. Box)			
16. City/State or Province/Postal Code			
17. Telephone		18. Year of ordination	
19. Fax		20. Email address	
21. 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.			
22. Type of pastoral employment [check one]	<input type="checkbox"/>	Full-time pastor without other employment	
Fill out questions 22, & 23 only if you are	<input type="checkbox"/>	Full-time pastor with other employment	
employed in some form of pastoral ministry	<input type="checkbox"/>	Part-time pastor without other employment	
while holding Retired Ministerial credentials.	<input type="checkbox"/>	Part-time pastor with other employment	
23. Length of time in your current assignment	Years: ▶	Months: ▶	
24. Your gender ___ Male ___ Female	25. Your birth date ▶	(MM/DD/YY)	