

Name: _____

Cell w/area code: _____

2010 Checklist for Consultation

(Pastors who are moving or receiving their first appointment)

Type responses to the following questions and sign in the space indicated. Express responses in concise language using only the space allocated. Following this instruction is paramount. If you have a family, consult with them as you complete the checklist. Please get this completed checklist to the District Office no later than February 1, 2010. This information will be shared with the Cabinet in the appointment-making session.

1. At this point in your ministry, how are you hearing God's call? (local parish pastor in charge, associate, extension, etc.)

2. In the (3) boxes to the right, indicate the <u>prominence</u> you and your family give the item by assigning a %. Total cannot exceed 100%.	Salary _____%	Location _____%	nature/mission of congregation _____%
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3. List any special needs you wish to be considered in making your appointment. (Health, education, spouse's employment, # parsonage bedrooms, handicap facilities, etc.)

4. What is your understanding of and commitment to the itinerant ministry?

5. What is your feeling about serving a multiple-point charge?

6. Will your entire residential family be moving with you? If not, why?

7. (Clergy couples only) What living arrangements would be best for you?

9. Explain how you would adapt to a congregation that favors a style of worship that differs from the one to which you are accustomed or have been taught.

10. Is your current travel paid by voucher: ____yes ____no

11. Explain how the concept of "servant ministry" is embodied in your leadership style.

12. RESERVED FOR DS COMMENTS

Signature _____ Date _____