

West Ohio Conference, United Methodist Church

Request for Approval of Extension Ministry Appointment

Office of Ministry Request for Approval of Extension Ministry Appointment

Part I: Biographical Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: Home Work Cell Email:

FULL PROVISIONAL ASSOCIATE MEMBER LOCAL PASTOR

Charge Conference Membership: _____ District:

Part II: District Superintendent Conversation

Name of DS: _____

Date of conversation with DS: ____ / ____ / ____

Notes: _____

Part III: Appointment Request Information

Name of Ministry Setting: _____

Address: _____

City: _____ State: _____ Zip: _____

Title/Position: _____

Terms of Service: Full time $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$

Effective Date of Service: ____ / ____ / ____

Base compensation (yearly): _____ Other:

Utilities & Other Housing Related Allowances: _____

Supervising person or board: _____ Title:

If board, name of chair: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: Home Work Cell Email:

Part III: Appointment Category (§ 344.1)

Appointed within the Connectional Structure

Endorsed by UM Endorsing Agency Within the General Board of Higher Education and Ministry

In Service with General Board of Global Ministries

Appointed to Other Valid Approved Extension Ministry

Part IV: (Please type responses below and attach supporting documents)

1. Explain the mission and purpose of the church or agency?

2. Provide a brief description of the ministry.

3. Describe the structure to which you will be accountable.

4. Describe the ways clergy “establishes a clear distinction between the work to which all Christians are called and the work for which Clergy are appropriately prepared and authorized” (BOD 344.1).

5. Name the reason(s) the church or agency needs a clergy to serve on its behalf.

6. In this setting, describe how the clergy will serve the missional needs of the church and fulfill their Licensing or ordination to be a Minister of Service, Word, Sacrament, and Order for Elders and Ministry of Word, Service, Compassion, and Justice for Deacons.

7. Evidence of continuing education and spiritual growth in the past year.

Date: ____ / ____ / _____ Clergy Signature:

Send completed paperwork to:

Office of Ministry

32 Wesley Blvd.

Worthington, Ohio 43085

Phone: 614-844-6200

For Board of Ministry Use:

Date Reviewed by Board of Ministry: ____ / ____ / _____

Notes: _____