



Annual Report 2020 **Certified Candidate For Ordained Ministry**

Name _____
(first name) *(last name)* *(middle name)*

Address _____

City _____ **State** _____ **Zip** _____

Email _____ **Phone** _____

If the above is a school address, is there another where you might be reached at other times of the year?

Email _____ **Phone** _____

Date of Birth _____ **Marital Status:** Single Married **Number of Children** _____

Home Church _____

District _____

1. **Are you enrolled in college?** Yes No

College _____

Degree _____ **Date Graduated** _____

2. **Are you enrolled in seminary?** Yes No

Seminary _____

Degree _____ **Date Graduated** _____

3. **Date of Candidacy Certification** _____

Name of your Candidacy Mentor _____

4. **Date When Licensed as a Local Pastor** _____ Full-time Part-time Student

5. **Indicate Church and District where you are appointed if you are.**

6. **What is your request for the 2021 session of the West Ohio Conference?**

To receive Associate Membership (AM)

To receive Provisional Membership (on track to become a Deacon) (PD)

To receive Provisional Membership (on track to become an Elder) (PE)

To be continued as a Candidate for Ordained Ministry



West Ohio Conference
Board of Ordained Ministry

7. Use the back of this sheet to describe your personal/professional progress this year.

ANNUAL REPORTS MUST BE RETURNED BY:
SEPTEMBER 15, 2020

To: Office of Ministry
Susan Thomas
sthomas@wocumc.org