



Annual Report 2020 **Local Pastors**

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

Address _____

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

Email _____ **Phone** _____

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

Name of Church/Charge You are Currently Serving _____

District _____

1. **Please check your present category:** Full-time FL Part-time PL

2. **Describe your secular employment if serving as a Part-time Local Pastor.**

3. **Local Pastor's License** _____ **Date Issued** _____

4. **Are you attending or have you attended college?** Yes No

College _____

Number of Credit Hours (Semester) _____ **Completed?** Yes No

5. **Are you attending or have you attended seminary?** Yes No

Seminary _____

Number of Hours Completed _____

Record of progress in Ministerial Course of Study School:

First Year _____ **Fourth Year** _____

Second Year _____ **Fifth Year** _____

Third Year _____ **Completed** _____ **Date** _____

Indicate with an asterisk if by correspondence.



West Ohio Conference
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If you have not completed the Course of Study:

Did you attend the Course of Study School in 2020? Yes No

Where will you be attending in 2021? _____
(Required of Full-Time & Part-Time Local Pastors)

Other _____

Record of Appointments:

Dates _____ **Place** _____ **District** _____

Dates _____ **Place** _____ **District** _____

6. What is your request for Annual Conference, June 2021?

- Appointment as Full-Time FL
- Appointment as Part-Time PL
- Appointment as Provisional Membership (PE)
- Appointment as Associate Membership (AM)
- Appointment as Other _____

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



West Ohio Conference
Board of Ordained Ministry