Part I: Biographical Information

Name:

Home Address

City State Zip

Primary Phone ☐ Home ☐ Work ☐ Cell E-mail

☐ FULL (or) ☐ PROVISIONAL member

Part II: District Superintendent Conversation

A conversation with your current District Superintendent is necessary for a new appointment request.

Name of DS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of conversation with DS: / / /

Notes:

Part III: Appointment Request Information

Ministry setting for which appointment is requested: ( ) primary ( ) secondary

Name of Ministry Setting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City State Zip

Title/Role of appointment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms of Service: ( ) Full time ( ) ¾ ( ) ½ ( ) ¼   
Base compensation Other   
Effective Date of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part III: Appointment Request Information Continued

Supervising person/Board: Title:   
 If board, name of chair:

Address

City State Zip

Phone E-mail

If request is for primary appointment, if applicable, list secondary appointment:

Secondary Appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City State Zip

Title/Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone E-mail

If request is secondary, name primary appointment:

Primary Appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City State Zip

Title/Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone E-mail

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

* Explain the mission and purpose of the church or agency
* Provide a brief description of the ministry
* Describe the structure to which you will be accountable
* Describe the ways the Deacon will “establish a clear distinction between the work to which all Christians are called and the work for which Deacons are properly authorized” (*BOD 331.6b*)
* Name the reason (s) the church or agency wants a Deacon to serve on its behalf
* In this setting, describe how the Deacon will equip others for service in the world
* *Attach a job description, agency policy manual (if applicable) and other relevant material*

*Deacon Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_*

Send completed paperwork to:

* Bishop (include official cover letter requesting appointment; *BOD par. 331*)
* District Superintendent
* Office of Ministry

For Board of Ministry Use:

Date Reviewed by Division of Deacons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: