



Please Print Clergy Name Here

MINISTERIAL APPOINTMENTS
INFORMATION FOR NORTH GEORGIA CONFERENCE CABINET

STATEMENT: This questionnaire is designed to enhance openness in making appointments. It can give dignity and strength to the appointive system if used properly. If this procedure is carried out in the right spirit, your district superintendent will be better prepared to represent you before the Cabinet.

PASTOR'S CHOICE FOR NEXT YEAR: I recognize that the appointive system may and can involve me, regardless of the number of years of service in my present situation. If I am involved, I will accept my appointment after consultation with my District Superintendent. If I have reasons for reconsideration, I understand my reasons will be considered.

Pastor's signature _____

I understand that the appointive process is complex and must involve the needs and preferences of all churches and pastors throughout the Conference. Therefore, I accept the fact that my own preferences may not be met, though supported by my District Superintendent and the Cabinet.

Pastor's signature _____

INSTRUCTIONS: Check one and give reason for your choice on the other side of this form or on a separate sheet of paper.

- RETURN.** I would like to return to my appointment for another year.
- MOVE ADVISABLE.** I can return, but feel a move may be in the best interest of my ministry and/or the church.
- MOVE.** I understand this to mean a definite move.
- UNAVAILABLE.** I am requesting special appointment, retirement, sabbatical, leave of absence, location or disability leave.

PLEASE ANSWER:

Has your Pastor-Parish Relations Committee met to discuss the appointment for next year?

- Yes
- No

If so, did you meet with them?

- I did meet with them.
- I was not notified of the meeting.
- I was notified of the meeting but did not attend.

Information Needed In Considering Your Appointment

Marital Status: () Single () Married () Widowed () Divorced

If Married, Spouse's Name: _____

<u>List Children at Home</u>	<u>Birth Date</u>	<u>Next School Grade</u>

Minimum number of bedrooms needed for your family: _____

Are there family circumstances that need special consideration, such as school, spouse's employment, finances, parents, in-laws, counseling? Please list in detail. _____

Are there any health problems, chronic or temporary? () Yes () No

If yes, please describe. Include any special medical attention which is required. _____

What CEU Credits have you earned this year? _____

What type of church or community would you prefer? _____

Do you have a particular interest in serving churches in transitional communities? _____

Do you have a particular interest in serving a cross racial appointment? _____

Do you have a particular interest in serving as an associate pastor on a church staff? _____

Educational Background: (Include any Special Training): _____

Hobbies: _____

Other criteria and/or information you wish to be used as your appointment is being considered: _____

Signed: _____

SPRC Chairperson (date)

Pastor (date)



Please Print Clergy Name Here

Pastor/Staff Parish Relations Committee Input For District Superintendent

Church or Charge _____

Chairperson's Name, Address, and Phone Number _____

Please complete the form and return it to your District Superintendent. The choices below are for your consideration. Please take no votes. Rather gain a consensus of the Committee members' wishes.

___ We request that our pastor return another year.

___ We have concerns about our pastoral leadership and desire to talk with our Superintendent.

___ Our pastor has indicated that he or she will not be available next year (e.g., retiring, taking another position, etc.) and we wish to meet with our Superintendent.

Please realize that this form is preliminary to appointment-making. It will be taken seriously, however, some unexpected changes may be required. If you do not anticipate your pastor's appointment changing and it does because of needs in the annual conference, your Superintendent will consult with you as soon as possible.

* * * Signatures of Pastor and Committee Members Present * * *

Pastor: _____ Chairperson: _____

Committee Members: