

PLEASE RETURN TO DISTRICT
OFFICE NO LATER THAN _____

Please Print Your Name Here

MINISTERIAL APPOINTMENTS – INFORMATION FOR NORTH GEORGIA CONFERENCE CABINET

STATEMENT: This questionnaire is designed to enhance openness in making appointments. We feel it can give dignity and strength to the appointive system is used properly. If we carry out this procedure in the right spirit, we feel 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 this will be done and my reasons considered.

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 Cabinet.

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

- () 1. RETURN. I would like to return to my appointment for another year.
- () 2. WILLING. I can return, but if something becomes available or the Cabinet feels I am needed, I am available.
- () 3. MOVE ADVISABLE. I can return, but feel a move may be in the best interest of my ministry and the church.
- () 4. MOVE. I understand this to mean a definite move.
- () 5. UNAVAILABLE. I am requesting special appointment, retirement, sabbatical, leave of absence, location or disability leave.

PLEASE ANSWER:

1. Has your Pastor-Parish Relations Committee met to discuss the appointment for next year?
() Yes () No
2. Is 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.
3. Do you want to discuss your appointment with the Bishop at the time assigned for our district?
() Yes () No

INFORMATION NEEDED IN CONSIDERING YOUR APPOINTMENT

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

If Married, spouse's Name _____

2. List Children Living at Home:

Birth Date

Next School Grade

3. Minimum number of bedrooms needed for your family: _____

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

5. Are there any health problems chronic or temporary? () Yes () No
If yes please describe. Include any special medical attention required.

6. What CEU Credits have you earned this year?

7. What type of church or community would you prefer?

8. Educational Background (Include any Special Training)

9. Hobbies:

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

Signed: _____

PPRC Chairperson

Pastor