

Candidates for Full Deacon **2010-2011**

*It is **your** responsibility to see that each of these items is in your file at the Office of the Director of Ministerial Services by 4pm CST, November 22, 2010. This includes forms and evaluations completed by others on your behalf, as well as DVDs of your sermons.
There are no exceptions to this rule, as per the policy of the Board of Ordained Ministry.*

File checklist for those applying to be Full Deacons

1. Application for Ministerial Relationship
2. Background check
3. Bible Study manuscript
4. Biographical Information Form
5. College transcript
6. Completed Seminary transcript
7. Consent Form
8. CPE certificate of completion
9. CPE evaluation
10. Doctrinal Questions
11. DS Request Form
12. DS Composite Recommendation
13. Lay Member Recommendation
14. Lay Member Recommendation
15. Lay Member Recommendation
16. Medical Form
17. Ministerial Effectiveness and Leadership Report
18. Ministerial Recommendation
19. Ministerial Recommendation
20. Ministerial Recommendation
21. PPRC/SPRC recommendation
22. Psychological assessment
23. Self Evaluation and Report of Progress in Ministry
24. Seminary transcript
25. Sexual Ethics Beginning Seminar Certificate (within last 4 years)
26. UMC Candidate's Disclosure Form

***The Board of Ordained Ministry
Alabama West Florida Conference
The United Methodist Church***

Rev. Cherie Meadows
Chair, Division of Deacons
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Rev. Robin Wilson
Director of Ministerial Services
100 Interstate Park Dr. Suite 120
Montgomery, AL 36109
334-356-8014
robin@awfumc.org

To: All Candidates for Deacon in Full Connection
From: Cherie Meadows, Chair, Division of Deacons
Subject: Materials needed by the Board of Ordained Ministry

Greetings in the name of our Lord Jesus Christ!

It is a joy to celebrate your following God's calling into ministry! The Board of Ordained Ministry of the Alabama West Florida Conference is anxious to work with you to determine how you can best serve God through the United Methodist Church. ***Do your best work*** on this material and be sure to follow the instructions both in this letter and throughout this packet. Failure to follow the directions given can be grounds for delaying your ordination.

This application packet is to be completed and returned to Rev. Robin Wilson by ***November 22, 2010*** by those who seek to be ordained Deacons at the 2010 Annual Conference. Mark your calendars and plan to meet with the Board of Ordained Ministry at Blue Lake in February 2010. Please reserve the dates of ***February 7-9, 2011***. You will be notified closer to that date of the exact day and time to come to Blue Lake.

Below are some guidelines for submission of your information, suggestions for making this process smooth for you and answers to some frequently asked questions.

- Type or write your name on each page that is turned in. Do not put a cover or binder on your material.
- You are responsible for the cost of your medical exam. EKG's, etc. are not required unless your physician feels your condition warrants such tests for a clean bill of health.
- E-mail one copy of your Bible study to Rev. Wilson. Guidelines are included in this packet. Follow them carefully.
- The doctrinal questions you will answer are from the **2008 Book of Discipline; section VIII, paragraph 330, pages 233-234**. These questions are included in your packet, for your convenience. E-mail your responses to Rev. Wilson.
- E-mail one copy of your Ministerial Effectiveness and Leadership information to Rev. Wilson. Guidelines are included in this packet. Follow them carefully.

- If you are not presently serving or working at a church, have the PPR/SPR evaluation filled out by your home church PPR/SPR committee, or return it to Rev. Wilson with a detailed explanation.
- The ministerial evaluations must be completed by members in full connection in the Alabama West Florida Conference. This includes retired clergy. (**Three recommendations are required.**)
- The BOM must receive a copy of your final official transcript from seminary. It is your responsibility to make sure Rev. Robin Wilson receives this information.

It is your responsibility to see that Rev. Robin Wilson receives all forms and evaluations by **November 22, 2010. This includes making sure that the papers being filled out for you by others have been mailed directly to her by this date, with the correct number of copies included.**

Please note: Completing these written assignments and appearing for an interview does not guarantee that you will be ordained as Deacon. That privilege is granted only by a majority vote of the Board and the clergy session of the Annual Conference.

Do not hesitate to contact either of us with any questions or problems. May God continue to bless you in your ministry!

**APPLICATION FOR MINISTERIAL RELATIONSHIP TO THE ANNUAL
CONFERENCE FOR FULL CONNECTION DEACON
ALABAMA-WEST FLORIDA CONFERENCE**

District: _____ Name: _____

Social Security Number: _____ **FULL NAME. NO INITIALS!**

Address: _____

City, State, & Zip: _____

Date and Place of Birth:

Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced: _____ No. & Age of Children:

Certificate of Candidacy: Date of Issue: _____ District: _____

EDUCATIONAL QUALIFICATIONS:

High School:

Place

Date

College:

Name

Date attended

Degree or credit hours

Seminary (§ 315.4)

Name

Date attended

Degree or credit hours

Full-Time Local Pastor:

Number of Years

Dates

Associate Member:

Number of Years

Dates

Previous Ordination

Date

Ordination

Consent Form

I hereby give my consent for the Alabama-West Florida Conference Board of Ordained Ministry to use the following information for the use of interviewing and considering me for Ordained Ministry: official transcripts from colleges and seminaries, evaluation of Supervised Ministries Projects, CPE evaluations, background check information, evaluation of psychological tests, biographical information, academic records, recommendations from laity, clergy, Pastor-Parish Relations Committee, District Committee on Ministry, and the District Superintendent, and any other material submitted by the applicant.

I understand that my file must be complete with all items turned in by the deadline in order for me to be considered for Full Membership in 2011.

I understand that if I have not participated fully in the Residency Program of the Alabama West Florida Conference, or have not been approved by the BOM to participate in the Residency Program of the Conference to which I am appointed, I will not be eligible for Full Membership.

Name: _____
(Please print or type.)

Signed: _____

Date Signed: _____

Witness: _____
(Does not have to be a Notary.)

Witness Address: _____

Doctrinal Questions

According to par. 330 of the 2008 *Book of Discipline*, each candidate is to “respond to a written or oral examination administered by the Board of Ordained Ministry. The candidate should demonstrate the ability to communicate clearly in both oral and written form...”

Write a response to all of the following questions. Your response should reflect your personal belief and understanding of United Methodist doctrine and should be as lengthy as needed to reflect your understanding. Give special attention to appropriate grammar, spelling, and source citation. It would be wise for applicants to refer to the Policies and Procedures manual of the BOM (<http://awfumc.org/bom>) and read the section tips from the doctrine committee, located in chapter 5. E-mail your responses to the questions below to Robin@awfumc.org.

(a) Theology.

1. How has the practice of ministry affected your experience and understanding of God?
2. What effect has the practice of ministry had on your understanding of humanity and the need for divine grace?
3. What changes has the practice of ministry had on your understanding of: (a) the “Lordship of Jesus Christ,” and (b) the work of the Holy Spirit?
4. The United Methodist Church holds that Scripture, tradition, experience, and reason are sources and norms for belief and practice, but that the Bible is primary among them. What is your understanding of this theological position of the Church?
5. How do you understand the following traditional evangelical doctrines: (a) repentance; (b) justification; (c) regeneration; (d) sanctification? What are the marks of the Christian life?
6. For the sake of the mission of Jesus Christ in the world and the most effective witness to the Christian gospel, and in consideration of your influence as an ordained minister, are you willing to make a complete dedication of yourself to the highest ideals of the Christian life; and to this end will you agree to exercise responsible self-control by personal habits conducive to physical health, intentional intellectual development, fidelity in marriage and celibacy in singleness, integrity in all personal relationships, social responsibility, and growth in grace and the knowledge of the love of God?
7. What is the meaning and significance of the sacraments?
8. Describe the nature and mission of the church. What are its primary tasks today?
9. What is your understanding of: (a) the kingdom of God; (b) the Resurrection; (c) eternal life?

(b) Vocation.

1. How do you understand your vocation as an ordained deacon?

(c) The Practice of Ministry.

1. How has the practice of service ministry during the provisional period affected your understanding of ministry?
2. Do you offer yourself to be appointed by the bishop to a service ministry?
3. Describe and evaluate your personal gifts for ministry. What would be your areas of strength and areas in which you need to be strengthened?
4. Are you willing to relate yourself in ministry to all persons without regard to race, color, ethnicity, national origin, social status, gender, sexual orientation, age, economic condition, or disabilities?
5. Provide evidence of experience in peace and justice ministries.

E-mail your responses to Rev. Wilson at robin@awfumc.org.

Ministerial Effectiveness and Leadership Report

*The following components should appear in a written report.
Please type and e-mail to Robin Wilson at robin@awfumc.org.*

1. Describe your family background, including family of origin.
2. Describe your educational and work history.
3. Describe your religious background, including the formative Christian experiences in your life.
4. Describe your call to ordained ministry and the fulfillment of your call in the United Methodist Church.
5. What distinguishes and unites the ministry of the laity, the deacon, and the elder?
6. Your call:
 - A. For those whose call is to the ministry of the deacon: In reference to ¶328 of the 2008 *Book of Discipline* within your specific call and context of ministry, how do you interrelate the worship of the church with servanthood in the world?
 - B. For those whose call is to the ministry of the elder: If you are applying for provisional membership, what will be the significance to you and your family for you to submit yourself to the itinerant ministry of the United Methodist Church? If you are applying for membership in full connection, how has your submission to the itinerant ministry of the United Methodist Church impacted you and your family, and what impact do you anticipate with your submission to itinerancy in the future?
7. Describe your gifts and graces for ordained ministry and how these gifts can benefit the church now and in the future.
8. Describe the disciplines in your life which will aid you in living a healthy life of physical, mental, economic, emotional, and spiritual wholeness.

Biographical Information Form

Name _____ Date _____

Address _____ (Zip) _____

Home Phone () _____ School or Office Phone () _____

Date of Birth _____ Sex: M _____ ; F _____

Ethnic Origin: Asian _____ ; African/Black American _____ ; Hispanic _____ ; Native American _____ ;
Pacific Islander _____ ; White _____

Local Church _____ City _____

Conference _____ District _____

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

Your Educational Background:	Dates Attended	Degree or Credit Hrs.
------------------------------	----------------	-----------------------

High school _____	_____	_____
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College _____	_____	_____
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Graduate School _____	_____	_____
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Theological Seminary _____	_____	_____
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Course of Study for Ordained Ministry Yr.1 _____ ; Yr.2 _____ ; Yr.3 _____ ; Yr.4 _____ ; Yr.5 _____

Advanced Course of Study: _____ Semester Hours Credit _____

Marital Status: Single, never married _____ ; Married, in first marriage _____ ;
Married, in second or more _____ ; Widowed _____ ; Separated _____ ; Divorced _____

If married, spouse's name _____ Birth date _____

Date of Marriage _____ Spouse's occupation _____

(page 2, Biographical form)

Your children, if any:

Name of child	Date of Birth	Gender	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dependents in addition to your spouse and children:

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

Your childhood family and other significant relatives:

Name	Relation	Age	Gender	Education	Marital Status	Occupation
_____	Father	_____	_____	_____	_____	_____
_____	Mother	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any.

Have you served as a local pastor, diaconal minister, deacon or elder in the United Methodist Church?

Conference Relationship (Indicate Date)	Change in Conference Relationship (Indicate Date)
Consecrated Diaconal Minister _____	Discontinuance _____
License as a Local Pastor _____	Leave of Absence _____
Associate Member _____	Disability Leave _____
Probationary Member _____	Location _____
Deacon in Full Connection _____	Retirement _____
Elder in Full Connection _____	Withdrawal _____
Have you had a change in clergy relationship with a conference of the United Methodist Church? _____	Termination by action of the annual conference _____
Conference? _____	

Self-Evaluation and Report of Progress in Ministry

E-mail to Rev. Robin Wilson (robin@awfumc.org).

For Conference Year _____

Name _____ Home Phone (____) _____

Address _____ City, State, & Zip _____

I. EDUCATION: By the next Annual Conference Session, I shall have completed the following amount of work on my education: Number of seminary hours completed: _____.

II. Explain the TYPE OF WORK in the church in which you are presently involved (serving a charge, etc.) and how you feel about this work:

III. FAMILY: How does your family feel about your present situation in preparation for your ministry? Have there been any changes in your marital status, or do you expect any changes?

IV. Describe your personal DEVOTIONAL LIFE:

V. How would you EVALUATE YOURSELF (your spiritual growth, your needs, etc.) during this year?

VI. Give a brief sketch of your PLANS FOR THE FUTURE:
For the next 6 months:

Where do you hope to be in your ministry 5 years from now?

VII. What help can the Board of Ordained Ministry be to you? Can we help you meet some need? Do you have any suggestions to us about our work with you?

(Use the back of this sheet or attach another page for matters you cannot write in the space provided.)

Pastor Parish Relations/Staff Parish Relations Evaluation

_____ is applying to the Alabama-West Florida Conference of the United Methodist Church for admission as a Deacon in Full Connection and ordination.

The Board of Ordained Ministry asks that the Pastor/Staff Parish Relations Committee give an evaluation of the applicant's ministerial leadership. While the final judgment regarding recommending the applicant to the Conference rests with the Board of Ordained Ministry, your evaluation is needed and will be helpful in advising the applicant regarding his/her future ministry.

This form should be filled out at an announced, called meeting of the Pastor/Staff Parish Relations Committee of your charge. Review and discuss the form before you begin to fill it out. Give your prayerful, well-considered answers to each question. If you have questions about the form, or about the process that you are involved in, please contact the Director of Ministerial Services listed at the end of this form.

Name of Church/Charge: _____

Date and Place of PPR/SPR Committee meeting at which this form was completed:

Number of committee members involved in completing this form: _____

Number of committee members absent and not involved: _____

Pastor/Staff Parish Committee Chairperson:

Name: _____

Address: _____

Phone: _____

1. How long has the applicant served your church/charge? _____

2. Give your evaluation of the applicant's personality, character, and ability:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
<i>Personal Appearance</i>	_____	_____	_____	_____	_____
<i>Ability to get along with people</i>	_____	_____	_____	_____	_____
<i>Emotional maturity and stability</i>	_____	_____	_____	_____	_____
<i>Leadership ability in the church</i>	_____	_____	_____	_____	_____

3. Does he/she understand, believe in, and urge full support of the programs of the United Methodist Church?
_____ Yes _____ No. (If “No”, give details on the back of this form.)
4. Have there been major problems in the life of your church this year that in the opinion of your committee are the results of the ministry of the applicant? _____ Yes _____ No (If “yes”, give details on the back of this form.)
5. In the opinion of your committee, what are the major strengths of the applicant as a minister? (Please give details on the back of this form.)
6. What personal weaknesses concern you about the applicant that you feel the Board of Ordained Ministry should discuss with him/her as guidance is given for the applicant’s future ministry? (Please write details below on this sheet.)

Please mail this form directly to:

*Rev. Robin Wilson
100 Interstate Park Dr. Suite 120
Montgomery, AL 36109*

Guidelines for Bible Study for Full Connection

Choose one: Deuteronomy, Micah, Mark, or Philippians

If you have submitted a study on one of these books previously, you must choose one of the others.

You are to prepare a six-to-eight week Bible study. The purpose of this requirement is to place emphasis upon your need to be effective in teaching the Bible to persons of all ages. The committee will be evaluating your level of understanding of the prescribed biblical text, your desire to open the Word of God to God's people through Bible study, and your comfort/anxiety level in leading Bible study classes.

Please follow these guidelines in fulfilling this requirement:

1. The Bible study should be designed to include six to eight sessions and **COVER THE ENTIRE BOOK – from the first chapter to the last**. Each session should be no shorter than one hour and no longer than two hours. You may use any number of sources and must include a bibliography of those sources.
2. The Bible should serve as the primary source, and the study should be your work.
3. You are not to copy the study from another text, though you may follow the outline of another text or curriculum. It is expected that the study will reflect theological understandings that are consistent with our Wesleyan heritage. The committee is looking for evidence of the ways you worked with the biblical text. Work with questions that deal with the biblical text as opposed to those that might deal with a commentator's ideas.
4. You must teach this study. Describe the setting of the study and your response. Describe the teaching method that you used (lecture, discussion, small groups, etc). The teaching method should be selected based on the objectives for the study, your gifts as the leader, and the direction of the text.
5. You are to use an outline form of no more than one to two pages per session. This outline should include the objectives for each session (no more than three for each session), primary and secondary topics, resources that are to be used, questions that are to be asked, etc. Objectives for each session should be written clearly in correct form, such as: "At the end of this session, the class will know" Or "At the end of this session, the class will be able to"
6. For one of the sessions, **be as detailed as possible**. In manuscript form, give time frames for each activity, major and minor points to be discussed and very detailed information concerning the class, the environment, and materials used. **This one session should be as informative for the committee as possible**. Use as many pages for this session as needed to give the details required.
7. As with any professional work, careful attention should be given to proper grammar and spelling. Bring a copy of the Bible study with you to the interview.

Note: If your work does not include all of the items listed, the requirements for this area will not have been met. E-mail this to Rev. Wilson at robin@awfumc.org.

District Superintendent Request

Print and obtain both necessary signatures for this form and mail to Rev. Wilson at this address:

**Rev. Robin Wilson
100 Interstate Park Drive – Suite 120
Montgomery, Alabama 36109**

I, _____, request that the Cabinet of the Alabama West Florida Conference recommend me for Full Membership and Connection as a Deacon in the Alabama West Florida Conference of the United Methodist Church. I ask that my District Superintendent please facilitate a written recommendation to the Board of Ordained Ministry on my behalf regarding this matter.

Signature of Applicant

**Date Received by
District Superintendent**

Date Requested

**Signature of District
Superintendent**

Medical Report Of Ministerial Candidate

Part I: MEDICAL HISTORY REPORT

To be completed by the candidate.

Name _____ Date of birth _____

Address _____

Marital status _____ Number of children _____

1. Check if you have ever had:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> peptic ulcer | <input type="checkbox"/> Tuberculosis |

2. Check if any member of your family has ever had:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Peptic ulcer | <input type="checkbox"/> Tuberculosis |

Explain: _____

3. What vaccinations or inoculations have you had? Give dates (as near as possible): _____

4. Have you ever had an electrocardiogram? If so, give date and attending physician: _____

5. Have you ever had a serious accident or operation?

Explain: _____

6. Have you any impairment of sight? _____ hearing? _____

7. If your weight has changed in the past two years, state approximate loss _____ gain _____

8. Have you ever been rejected for life insurance? _____

9. Have you ever received treatment for alcohol or drug habit? _____

10. Do you smoke? _____ How long? _____ How much? _____

11. Have you ever been under observation or treatment in any hospital or sanitarium for a physical or nervous condition?

Explain: _____

Signature: _____ Date: _____

PART II: MEDICAL EXAMINER'S REPORT (To be completed by a physician.)

1. General Appearance _____
2. Personal Hygiene: _____
3. Height _____ Weight _____
 Temperature _____ Pulse _____ Blood Pressure _____
 (Give reading before and after exercise)
4. Vision: _____
5. Hearing: _____
6. Condition of mouth and throat: _____
 Pharynx _____ Tonsils: _____
 Mucous membranes _____ Teeth _____
 Tongue _____ Gums _____
7. Evidence of goiter, enlarged glands, or other tumors: _____

8. Evidence of varicosity: _____ Hernia _____
9. Evidence of disease or abnormalities of: Heart: _____
 Lungs: _____
 Thorax: _____
 Spine: _____
 Genitalia: _____
10. Evaluate nervous and mental condition: _____

11. Laboratory Tests:
 Urine: _____ Chest X-ray _____
 Complete blood count (hemoglobin, MCV, white count): _____
 Pap smear _____ Electrocardiogram (base line EKG) _____

 Other: _____

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Name of physician: _____

Address: _____

Signature of Physician: _____

Date: _____

Ministerial Recommendation

(To be filled out by clergy members (FE or FD) of the Alabama West Florida Annual Conference)

_____ is applying to the Alabama-West Florida Conference of the United Methodist Church for Admission as a Deacon in Full Connection.

The Board of Ordained Ministry asks each applicant to secure the recommendation of three (3) persons in Full Connection in the Conference. Please give your answers to each of the questions below, and if you can do so without reservation, sign the statement giving your endorsement to this applicant.

1. How long and under what circumstances have you known the applicant?

2. Are you convinced that this applicant is genuinely called of God to the ministry?
 ___ Yes ___ No. (If "No", please give your reasons on the back of this sheet.)

3. Are you convinced that this applicant is totally committed to the doctrines and policies of the United Methodist Church?
 ___ Yes ___ No. (If "No", please give your reasons on the back of this sheet.)

4. What personal strengths do you see in this applicant that fit him/her for the ministry? (Use back of sheet for additional comments).

5. What personal weaknesses concern you about the applicant that you think the Board of Ordained Ministry should discuss with him/her as guidance is given for the applicant's future? (Use back of sheet for additional comments).

Endorsement: I give my **full endorsement** to _____
 as a candidate for Deacon in Full Connection in the Alabama-West Florida Conference.

Signed: _____
 Date: _____

(If you cannot give your endorsement to this applicant, please give your reasons on the back of this sheet.)

Please mail this form directly to the Director of Ministerial Services:

Rev. Robin Wilson
 100 Interstate Park Dr. – Suite 120
 Montgomery, AL 36109

The UMC Candidate's Disclosure Form

Please complete this form, sign and date it, have your signature notarized, and return it with all your other forms to Rev. Robin Wilson.

Have you ever been:

- | | | | | | |
|----|--|-------|----|-------|-----|
| 1. | Convicted of a felony? | _____ | No | _____ | Yes |
| 2. | Convicted of a misdemeanor? | _____ | No | _____ | Yes |
| 3. | Accused in writing of sexual misconduct or child abuse | _____ | No | _____ | Yes |

If you answered "Yes" to any of these questions, please explain: (Attach a separate piece of paper.)

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to this form. (Note: It would be preferable if this response statement could be included right on the disclosure statement, however we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

□ □ □

I hereby certify that the information provided on this form is true and accurate.

Print Name _____

Signature _____

Subscribed and Sworn this _____ day of _____, 20 _____

Notary Public Printed Name _____

Notary Public Signature _____

Notary Public, State of _____, My Commission Expires _____

Note: You are to have an official background check on file. To initiate this process, please contact Rev. Robin Wilson as soon as possible and she will guide you through what you need to do. You may call her at 334-356-8014 or e-mail her at robin@awfumc.org.