

# **Candidates for Full Elder** **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 Elders**

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.  Sermon Evaluation
26.  Sermon Evaluation
27.  Sermon Evaluation
28.  Sermon Bulletin
29.  Sermon DVD
30.  Sermon Manuscript
31.  Sexual Ethics Beginning Seminar Certificate (within last 4 years)
32.  UMC Candidate's Disclosure Form

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

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 Elder in Full Connection**  
**From: Robin Wilson, Director of Ministerial Services**  
**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 application.

This application packet is to be completed and returned to Rev. Robin Wilson by ***4 pm CST, November 22, 2010*** by those who seek to become Elders at the 2011 Annual Conference.

Please reserve **February 7-9, 2011** on your calendar and plan to meet with the Board of Ordained Ministry at Blue Lake for an interview. You will receive information closer to those dates which give you a specific day and time to arrive.

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

- Put your name and the date at the top of ***every page*** that you turn in.
- 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 sermon manuscript to Rev. Robin Wilson at [robin@awfumc.org](mailto:robin@awfumc.org). Additionally, mail one copy of a DVD of your sermon being preached to Rev. Wilson at the above address. Sermon guidelines are included in this packet. Follow them carefully. You may also e-mail Rev. Wilson a digital copy of your presentation, but the DVD must still be submitted.
- Print three copies of the sermon evaluation form (included in file) and give to three lay persons to do the evaluation. **Three evaluations must be received from lay persons.** You are responsible for insuring our timely receipt of these evaluations.
- 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 335, pages 244-246, which 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. 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 evaluation 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 final copy of your CPE evaluation or an interim report from your supervisor. It is your responsibility to make sure Rev. Robin Wilson receives this information.
- 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 we have a copy of your psychological report and background check.
- Recommendations and forms which others complete on your behalf may take a while. Have them filled out ASAP, for your peace of mind. If they are not turned in by the deadline, your application packet will be incomplete, and you will not be able to appear before the BOM to be considered for full membership this year.

It is your responsibility to see that Robin Wilson receives all forms and evaluations **by 4pm CST, November 22, 2010. This includes making sure that the papers being filled out for you by others have been mailed directly to Robin by this date.**

Please note: Completing these written assignments and appearing for an interview does not guarantee that you will become an Elder in full connection. 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 me 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 ELDER ALABAMA-WEST FLORIDA CONFERENCE

District: \_\_\_\_\_

Name: \_\_\_\_\_

**FULL NAME. NO INITIALS!**

Social Security Number: \_\_\_\_\_

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. 335 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](mailto: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 and 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 conceive your vocation as an ordained minister?

(c) The Practice of Ministry.

1. How has the practice of ordained ministry affected your understanding of the expectations and obligations of the itinerant system?
2. Do you offer yourself without reserve to be appointed and to serve as the appointive authority may determine?
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 minister with all persons without regard to race, color, ethnicity, national origin, social status, gender, sexual orientation, age, economic condition, or disabilities?
5. Will you regard all pastoral conversations of a confessional nature as a trust between the person concerned and God?
6. Provide evidence of experience in peace and justice ministries.

*E-mail your responses to Rev. Wilson at [robin@awfumc.org](mailto: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](mailto: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.

## 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 an Elder in Full Connection.

*The Board of Ordained Ministry asks each applicant to secure the recommendation of three 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 Elder 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

## Pastor Parish Relations/Staff Parish Relations Evaluation

\_\_\_\_\_ is applying to the Alabama-West Florida Conference of the United Methodist Church for admission as a Full Elder.

*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>Ability as a preacher</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 and ministries of the United Methodist Church?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If "No", give details below.)

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 below.)

5. In the opinion of your committee, what are the major strengths of the applicant as a minister? (Please give details below.)

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.)

*Please mail this form directly to:*

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

## Biographical Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ School or Office Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ ; F \_\_\_\_\_

Ethnic Origin: Asian \_\_\_\_\_ ; Black /African 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.

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

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Your Educational Background:	Dates Attended	Degree or Credit Hrs.
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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? _____
<b>Conference Relationship (Indicate Date)</b>	<b>Change in Conference Relationship (Indicate Date)</b>
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 ([robin@awfumc.org](mailto:robin@awfumc.org)) or mail to Rev. Robin Wilson.*

*For Conference Year beginning July 1, 2010*

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?

## Guidelines for Sermon for Full Connection

**Choose one passage:**

**Habakkuk 1:1-4; 2:1-4; Psalm 119:137-144; 2 Thessalonians 1:1-4, 11-12; or Luke 19:1-10**

*You are to prepare and deliver a sermon based on one of the above prescribed texts and submit the full manuscript, worship bulletin or worship plan, and a DVD video of the worship service. You may also e-mail Rev. Wilson a digital copy of your presentation, but the DVD must still be submitted. The purpose of this requirement is to place emphasis upon the pastor's need to be effective in preparing and delivering sermons. The committee will be evaluating your level of understanding of the Biblical passage, your commitment to effectiveness in preaching the Word of God, and your comfort/anxiety level in preaching and leading worship in a United Methodist Church.*

Please follow these guidelines in fulfilling this requirement:

1. You should include a sermon title, which reflects the main theme of the sermon, as well as a statement of purpose that discloses what you anticipate the congregation will take with them or do after hearing the sermon.
2. The sermon should be neither shorter than fifteen minutes nor longer than twenty-five minutes, and the manuscript should not exceed eight typed, double-spaced pages. E-mail all work to Robin@awfumc.org.
3. You should submit a clear DVD video of the entire worship service in which you preached the sermon (Required for Full Connection). **View your recording! Make sure the level of quality of the DVD is what you think should be submitted to the BOM.**
4. You should submit a description of the worship setting, along with a copy of the worship bulletin or the plan of worship.
5. You should arrange in advance to **have three adult congregation members evaluate the sermon.** (These evaluations are included in the file of materials you downloaded from the conference web site.)
6. As with any professional work, careful attention should be given to proper grammar and spelling. Again, the video recording should be of good quality.
7. You are to bring a copy of your sermon manuscript with you to the interview.

**Please note:** If your work does not include all of the items listed, the requirements for this area will not have been met.

## SERMON EVALUATION FOR \_\_\_\_\_

Applicant's Name

*Directions: Be candid and frank in your ratings and comments. This will be used to help the applicant. Circle the appropriate number on a scale from 1-10 (10 being best) and comment on each section. Mail the completed form directly to Rev. Robin Wilson, 100 Interstate Park Dr., Suite 120, Montgomery, AL 36109.*

***Do not return this form to the applicant.***

1. Was the central thought (the big idea) of the sermon clearly presented?

1 2 3 4 5 6 7 8 9 10

Comments:

2. Did the sermon do justice to the text and draw out its meaning? Was it biblical?

1 2 3 4 5 6 7 8 9 10

Comments:

3. Was the message in the sermon applicable? Did it speak to something in your life?

1 2 3 4 5 6 7 8 9 10

Comments:

4. Was the preacher's body language and presentation through gestures, eye contact, posture, etc. effective?

1 2 3 4 5 6 7 8 9 10

Comments:

5. Was the development (structure and movement) apparent?

1 2 3 4 5 6 7 8 9 10

Comments:

6. How would you rate the sermon as a whole?

1 2 3 4 5 6 7 8 9 10

Comments:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your assistance. Should you have any questions,  
please call Rev. Robin Wilson at (334) 356-8014**

## 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 and teach 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 the response of your participants to the study. 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. These outlines should cover the entire book, from the first chapter to the last. 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 your Bible study to Rev. Wilson at robin@awfumc.org.*

## District Superintendent Request

*Print form, obtain both necessary signatures, 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 an Elder 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: \_\_\_\_\_

## 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](mailto:robin@awfumc.org).