

Candidates for Provisional 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 29, 2010. This includes forms and evaluations completed by others on your behalf. There are no exceptions to this rule, as per the policy of the Board of Ordained Ministry.*

File checklist for those applying to be Provisional Deacons

1. Application for Ministerial Relationship
2. Background check – within the last 5 years
3. Bible Study manuscript
4. Biographical Information Form
5. College transcript
6. Consent Form
7. DCOM Recommendation
8. Doctrinal Questions
9. DS Request Form
10. DS composite recommendation
11. Lay Member Recommendation
12. Lay Member Recommendation
13. Lay Member Recommendation
14. Medical Form
15. Ministerial Effectiveness and Leadership Report
16. Ministerial Recommendation
17. Ministerial Recommendation
18. Ministerial Recommendation
19. PPRC/SPRC recommendation
20. Psychological assessment – must be within last 5 years
21. Self Evaluation and Report of Progress in Ministry
22. Seminary transcript
23. UMC Candidate's Disclosure Form

Items needed on file before you begin the Residency Program, but are not required at this time:

24. CPE certificate of completion
25. CPE evaluation
26. Sexual Ethics Beginning Seminar Certificate (within last 4 years)
27. Completed Seminary Transcript

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

Rev. Cherie Meadows
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Rev. Robin Wilson
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100 Interstate Park Dr. – Suite 120
Montgomery, AL 36109
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To: All Candidates for Provisional Deacon
From: Cherie Meadows, Chair, Division of Deacons
Subject: Materials needed by the Board of Ordained Ministry

Greetings to all!

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 in this letter and throughout this packet. Failure to follow the directions given can be grounds for delaying your commissioning.

This application packet is to be completed and returned to Rev. Robin Wilson *by 4pm CST, November 29, 2010* by those who seek to be commissioned as Provisional Deacons at the 2011 Annual Conference. Remember, you are not required to complete this packet simply because you are eligible to apply, if you do not feel you can do your best work. You simply may apply the following year to be commissioned.

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 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 VI, Paragraph 324.9, which are included in this packet. 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 evaluations must be completed by members in full connection in the Alabama West Florida Conference. This includes retired clergy. **(Three recommendations are required.)**
- It is your responsibility to see that we have a copy of your psychological report and background check. These must be within the last five years.
- 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 commissioning this year.

It is your responsibility to see that Robin Wilson receives all forms and evaluations ***by 4pm CST, November 29, 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 the following: Completing these written assignments and appearing for an interview does not guarantee that you will be commissioned as a Provisional Deacon. This privilege is granted only by a 2/3 majority vote of the Board and the clergy session of 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 PROVISIONAL DEACON

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 Provisional Membership in 2011.

I understand that if I am admitted into Provisional Membership, I must participate fully in the Residency Program of the Alabama West Florida Conference, or be approved by the BOM to participate in the Residency Program of the Conference to which I am appointed. Failure to participate will render me ineligible for Full Membership.

Name: _____
(Please print or type.)

Signed: _____

Date Signed: _____

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

Witness Address: _____

**DISTRICT COMMITTEE ON ORDAINED MINISTRY
RECOMMENDATION FOR PROVISIONAL DEACON
ALABAMA-WEST FLORIDA CONFERENCE**

The Committee on Ordained Ministry of the _____ District of the Alabama-
West Florida Conference, in accordance with ¶ 324.10 of the 2008 Discipline of The United Methodist Church
recommends:

Name

for Election and Commissioning to Probationary Deacon in the Alabama-West Florida Conference.

Chairperson, District Committee

District Superintendent

Date: _____

Please send this completed form to: Rev. Robin Wilson
100 Interstate Park Dr. – Suite 120
Montgomery, AL 36109

Doctrinal Questions

According to par. 324.9 of the 2008 *Book of Discipline*, “Each candidate shall respond to a written and oral doctrinal examination administered by the conference Board of Ordained Ministry.” 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) Describe your personal experience of God and the understanding of God you derive from biblical, theological, and historical sources.
- b) What is your understanding of evil as it exists in the world?
- c) What is your understanding of humanity, and the human need for divine grace?
- d) How do you interpret the statement Jesus Christ is Lord?
- e) What is your conception of the activity of the Holy Spirit in personal faith, in the community of believers, and in responsible living in the world?
- f) What is your understanding of the kingdom of God; the Resurrection; eternal life?
- g) How do you intend to affirm, teach and apply Part II of the *Discipline* (Doctrinal Standards and Our Theological Task) in your work in *the ministry to which you have been called*?
- h) The United Methodist Church holds that the living core of the Christian faith was revealed in Scripture, illumined by tradition, vivified in personal experience, and confirmed by reason. What is your understanding of this theological position of the Church?
- i) Describe the nature and mission of the Church. What are its primary tasks today?
- j) Discuss your understanding of the primary characteristics of United Methodist polity.
- k) How do you perceive yourself, your gifts, your motives, your role, and your commitment as a probationary member and commissioned minister in The United Methodist Church?
- l) Describe your understanding of *diakonia*, the servant ministry of the church, and the servant ministry of the provisional member.
- m) What is the meaning of ordination in the context of the general ministry of the Church?
- n) Describe your understanding of an inclusive church and ministry.
- o) You have agreed as a candidate for the sake of the mission of Jesus Christ in the world and the most effective witness of the gospel, and in consideration of their influence as ministers, to make a complete dedication of yourself to the highest ideals of the Christian life, and to this end agree to exercise responsible self-control by personal habits conducive to bodily health, mental and emotional maturity, integrity in all personal relationships, fidelity in marriage and celibacy in singleness, social responsibility, and growth in grace and the knowledge and love of God. What is your understanding of this agreement?
- p) Explain the role and significance of the sacraments in the ministry to which you have been called.

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.

Lay Member Recommendation

_____ has applied for admission as a Provisional Deacon in the Alabama-West Florida Conference and has named you as a reference.

The Board of Ordained Ministry asks each applicant to secure the recommendation of three (3) laypersons. Will you kindly aid the church in judging the applicant's fitness for the Christian ministry by supplying the information requested below? In addition to checking those items about which you have information, give us a summary paragraph stating your frank opinion as to whether or not the applicant has the qualifications to make a good minister and should be encouraged to enter that calling.

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

2. Give any information you can regarding home conditions and family background that would bear upon her/his qualifications for the ministry.

3. Please rate the candidate by checking the item under each heading which most nearly represents your evaluation:

<p>a. <u>Physical Condition</u></p> <p>_____ Frequently incapacitated</p> <p>_____ Somewhat below par</p> <p>_____ Fairly healthy</p> <p>_____ Rugged and vigorous</p>	<p>e. <u>Leadership</u></p> <p>_____ Makes no effort to lead</p> <p>_____ Has leadership promise</p> <p>_____ Good leadership ability</p> <p>_____ Unusual ability to lead</p>
<p>b. <u>Physical Presentation</u></p> <p>_____ Avoided by others</p> <p>_____ Tolerated by others</p> <p>_____ Liked by others</p> <p>_____ Sought by others</p>	<p>f. <u>Intelligence</u></p> <p>_____ Learns & thinks slowly</p> <p>_____ Average mental ability</p> <p>_____ Alert – good mind</p> <p>_____ Brilliant</p>
<p>c. <u>Emotional Stability</u></p> <p>_____ Somewhat over-emotional</p> <p>_____ Usually well-balanced</p> <p>_____ Well-balanced and controlled</p> <p>_____ Maintains balance under difficult circumstances</p>	<p>g. <u>Speaking Ability</u></p> <p>_____ Has speech defect</p> <p>_____ Poor speaker</p> <p>_____ Has fair ability</p> <p>_____ Good speaker</p> <p>_____ Persuasive & eloquent</p>
<p>d. <u>Religious Experience</u></p> <p>_____ Relatively superficial</p> <p>_____ Over-emotional</p> <p>_____ Genuine but mild</p> <p>_____ Rich and growing</p> <p>_____ Profound and contagious</p>	<p>h. <u>Promise in the Ministry</u></p> <p>_____ Below average</p> <p>_____ Average</p> <p>_____ Good</p> <p>_____ Superior</p> <p>_____ Exceptional</p>

4. List any limitations which would detract from applicant's usefulness in the ministry, such as personal appearance, habits, etc.

5. Summary paragraph of applicant's all-around fitness for the ministry. (Please use the back of this page.)

Date: _____ Signature: _____
 Occupation: _____

Send directly to: Rev. Robin Wilson, 100 Interstate Park Dr., Suite 120, Montgomery, AL 36109

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 Provisional Deacon.

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 Provisional Deacon 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 Provisional Deacon.

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*

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 Provisional 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**

Guidelines for Bible Study for Provisional Deacon

Choose one: Genesis, 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 written 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. You do not have to teach this study prior to submission.

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. Describe the setting of the study and the response of participants to the study (if it has been taught). Describe the teaching method that you will use (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 this to Rev. Wilson at robin@awfumc.org.

THE UNITED METHODIST CHURCH

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: _____

Self-Evaluation and Report of Progress in Ministry

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

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?

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

The UMC Candidate's Disclosure Form (PD)

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.

Biographical Information Form (Provisional Deacon)

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 _____	_____	_____
College _____	_____	_____
Graduate School _____	_____	_____
Theological Seminary _____	_____	_____

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? _____

Conference Relationship (Indicate Date)

Consecrated Diaconal Minister _____

License as a Local Pastor _____

Associate Member _____

Probationary Member _____

Deacon in Full Connection _____

Elder in Full Connection _____

Have you had a change in clergy relationship with a conference of the United Methodist Church? _____

Change in Conference Relationship (Indicate Date)

Discontinuance _____

Leave of Absence _____

Disability Leave _____

Location _____

Retirement _____

Withdrawal _____

Termination by action of the annual conference _____