



Annual Endorsing Ministry Report

Name _____

Preferred Phone # _____ Alternate Phone # _____

Preferred Email _____ Alternate Email _____

Business Address _____

City _____ State _____ Postal Code _____

Home Address _____

City _____ State _____ Postal Code _____

Preferred Mailing Address (please check one): Home ☐ Business ☐

Ministerial Category (please check one):

Ordained Elder ☐

Ordained Deacon ☐

Provisional Local Pastor ☐

Annual Conference _____ District/Area _____

Presiding Elder _____ Conference Superintendent _____

Charge Conference membership _____

Conference where you currently serve under appointment (if different from membership conference)

Endorsed Title / Position (Rank if Military Chaplain) _____

Employer or Federal Agency / Institution or Military Branch/Component

Employment Status in Endorsed Setting: Full Time ☐ Part Time ☐ Volunteer ☐

Metrics to be the best of your knowledge (number of each performed by you during the calendar year):

Workplace or pastoral visitation _____ Sermons _____ Counseling _____ Baptisms _____

Holy Communion _____ Ceremonies or public prayers for special events _____ Weddings _____

Funerals _____ Memorial services _____

In a separate document, attach a brief narrative of your ministry for the calendar year (January 1 – December 31).

Date _____ Signed _____

Send signed copy and narrative to:

1. Director of Endorsing Ministries - endorsement@globalmethodist.org
2. Your Bishop

3. Your Conference Superintendent
4. Your Conference BOM Chair