

<b>Name</b>	<b>Date of Birth</b>	<b>Date of Consultation</b>	
Appointment	Date of Deacon's Orders		
Secondary Appt (if applicable)	Primary Appt is	Full Time	Part Time
Years in this Appointment	Compensation (if applicable) \$		
Description ministry appointment			

1. **What have you been learning this year?** (please list Continuing Education classes)?
  
  
  
2. **What are your celebrations this year?**
  
  
  
3. **What is one personal goal and one professional ministry goal for the coming year?**
  
  
  
4. **What concerns are you addressing and in what ways?**
  
  
  
5. **What do you need to be more effective?**
  
  
  
6. **What are your three strongest gifts for ministry?**
  - 1.)
  
  
  - 2.)
  
  
  - 3.)
  
  
7. **How does your ministry setting utilize your gifts?**

8. How are you equipping the laity for the work of ministry?
9. What do you intend to focus on in the coming year to help connect the world and church?
10. What else would you like the Bishop & Cabinet to understand about your primary/secondary appointments?
11. Describe how you are participating in The United Methodist Church covenant of connection at conference and district levels or through compass group activities?
- Have you been invited to participate in a Compass Group?                      Yes                      No
- How many compass group events have you attended this year?
12. Please list the names & grades of any children or family members living in your home:
- | Name/s | Birthdate | Grade | Relationship if not child (i.e. parent) |
|--------|-----------|-------|---|
|        |           |       |   |
|        |           |       |   |
|        |           |       |   |
13. What considerations would you want the Bishop and Cabinet to know regarding health or family concerns that affect this present appointment or a new appointment?
14. Is there other information to help the Bishop & Cabinet to better understand and interpret your ministry?

Print Name

Signature

Date

Submit one copy to the District Superintendent at least two weeks before your consultation.  
**Documents may be signed at the time of your consultation.** Retain a copy for your personal file.

# DPA 2018

Name

Date of Consultation

Additional information space. Be sure to reference the Question # in the space below.