## REPORT FOR MINISTER OF WORD AND SERVICE UNDER CALL

*Information on this form may be shared with other synod staff persons during the mobility process.* 

Date	I	ID NUMBER			
Last Name	me First Name				
Status: Under Call fr Under Call fr	rom Synod Council or Chr	urch Counc	zil		
Date of Consecration or	r commissioning				
Home mailing address:				_	
City	State	_ Zip	Phone	_	
Cell Phone	E-mail Address			_	
Full Name of Spouse		Date of Marriage			
		_	rgent? YES NO		
3. As you look forw	ard to this year, what wi	ll be the sp	ecial emphases of your min	nistry?	
4. In what ways doe ministry?	es your roster status give	meaning to	and guide your present		

5.	How is your ministry and life going in your setting: joys, struggles, hopes, disappointments?
7. 8.	Was an extended study leave (sabbatical) provided? YES NO  Does your congregation have a sabbatical policy? YES NO  Are you involved in a degree program? YES NO  What continuing education have you been involved with this year?
9.	what continuing education have you been involved with this year:
10.	What was your most important continuing education learning this year?
11.	Note any concerns or issues you desire to share with your synodical bishop.
What c	ongregation are you a member of?

Please return your annual Minister Report to <a href="mailto:BishopMiller@upstatenysynod.org">BishopMiller@upstatenysynod.org</a>

or mail it to: