**ANNUAL REPORT OF EVANGELIST**

*Manual* 510-510.7, 527-527.1

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  | State |  | Zip |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |
| --- | --- |
| District |  |

|  |  |
| --- | --- |
| Local Church Membership |  |

INDICATE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ordained |  | Commissioned Evangelist Tenured\* |  | Evangelism Service Retired |
|  | Licensed |  | Commissioned Evangelist |  | Commissioned Song Evangelist |
|  | Layperson |  | Registered Evangelist |  | Registered Song Evangelist |

It is my intention TO SPEND THE MAJOR PART OF MY TIME in evangelism during the coming year:  Yes  No

I request the District Assembly to grant me the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Evangelist’s Commission Tenured\* |  | Evangelism Service Retired |
|  | Evangelist’s Commission |  | Song Evangelist’s Commission |
|  | Evangelist’s Registration |  | Song Evangelist’s Registration |

**\*Tenured Evangelists’ applications must be approved by the Committee on the Interests of the God-Called Evangelist and the Board of General Superintendents before this status may be granted. (*Manual* 510.3)**

**An application may be requested from your District Secretary.**

|  |  |
| --- | --- |
| Total number of lifelong learning hours\* completed this year |  |

**\*For members of the clergy, 20 hours of lifelong learning is the minimum expectation each year. (*Manual* 529.6)**

Enrolled in graduate program?  Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of revivals held |  | on |  | districts. |

In what ways have you supported the Church of the Nazarene?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Testimony

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

*Mail this report to the District Secretary at least 30 days before your District Assembly.*

**RECOMMENDATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| District Superintendent |  | | Date |  |
| Ministerial Credentials Board Secretary | |  | Date |  |

*The District Secretary will submit this request for recommendation to the District Superintendent prior to the District Assembly.*

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled in graduate program? Yes No

Number of revivals held on districts.

In what ways have you supported the Church of the Nazarene? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Personal Testimony\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### RECOMMENDATIONS

District Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministerial Credentials Board Secretary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The District Secretary will submit this request for recommendation

to the District Superintendent prior to the District Assembly