

**THE JOHN KNOX PRESBYTERY
ANNUAL REPORT TO PRESBYTERY
BY A TEACHING ELDER IN A VALIDATED MINISTRY**

The John Knox Presbytery through the Committee on Ministry requires annual reports from ministers of the Word and Sacrament in order to determine that they are fulfilling the criteria for membership and are in validated ministries (G-2.0501, G-2.0502, G-3.0104, G-3.0307).

Please complete this report and return it by **DECEMBER 31, 2021** to:

The John Knox Presbytery
Attn: Committee on Ministry
P. O. Box 350
Richland Center, WI 53581
jkp@jknox.org

Check if address changed

I. NAME _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE (HOME) _____ (OFFICE) _____
 CELL _____ E-MAIL _____
 DATE OF ORDINATION _____
 DATE OF BIRTH _____ SPOUSE'S NAME _____

II. Validation criteria

A. In Service Beyond the Jurisdiction of This Church (G-2.0503a):

Please attach a position description.

_____ Administrator	Start date: _____
_____ Place of service _____	
_____ Chaplain	Start date: _____
_____ Place of service _____	
_____ Consultant	Start date: _____
_____ Place of service _____	
_____ Evangelist	Start date: _____
_____ Place of service _____	
_____ Missionary	Start date: _____
_____ Place of service _____	
_____ Pastor	Start date: _____
_____ Place of service _____	
_____ Social worker	Start date: _____
_____ Place of service _____	
_____ Other	Start date: _____
_____ Place of service _____	

B. _____ Member-at-large (G-2.0503b)

In what ways are you in compliance (see enclosed sheet) with the Book of Order (G-2.0502)?

C. _____ Inactive Member (G-2.0508)

In what ways are you in compliance (see enclosed sheet) with the Book of Order (G-2.0502)?

III. Please respond to the following questions:

A. Did your session/employer evaluate your performance this year?

_____ Yes _____ No

Did your session/employer evaluate the performance of all employees?

Yes No

B. Continuing Education

1. Please describe how you used your Continuing Education leave this year: If any or all of these pursuits were worthwhile, please indicate why you would recommend them.

2. Did your session/employer discuss and approve your Continuing Education leave? Yes No

3. If you did not use your Continuing Education this year, when did you last use it?

C. Enclosed please find a copy of John Knox Presbytery's Sexual Misconduct Policy for your review. Have you attended a Boundary Training Workshop within the past three years?

Yes When and where? _____
 No When was the last time you did? _____

D. Please share how you have lived out your commitment to the John Knox Presbytery this year after reflecting upon the following constitutional questions (W4.4003):

“Will you be governed by our church’s polity, and will you abide by its discipline? Will you be a friend among your colleagues in ministry, working with them, subject to the ordering of God’s Word and Spirit?” (5) and “Will you be active in government and discipline, serving in the governing bodies of the church?” (9)

I would like to serve on the following committee(s) of the John Knox Presbytery:

E. If your service is not to a congregation, where do you usually worship?

Name of church _____
Location _____
Presbyterian Other Attendance: regular occasional not at all

F. Who do you and/or immediate family members consider to be your primary source of pastoral care? NOTE: John Knox Presbytery staff has provided and will continue to provide pastoral care to teaching elders. This question has been added to ensure that pastors and their families have planned for immediate pastoral care nearby should it be needed. **(Please provide name and contact information for that individual.)**

G. Would you like to meet with the Committee on Ministry? Yes No

Please add any comments that would assist the Committee on Ministry in its work:

The Committee on Ministry thanks you for your faithful service in the John Knox Presbytery.