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, 2022 to:

The John Knox Presbytery Attn: Committee on Ministry P. O. Box 350

Richland Center, WI 53581

jkp@jknox.org

Check if address changed

MAII	NAME MAILING ADDRESS CITY STATE ZIP TELEPHONE (HOME) (OFFICE) CELL E-MAIL DATE OF ORDINATION DATE OF BIRTH SPOUSE'S NAME			
CITY		ST	ATE ZIP	
TELE	EPHONE (HOME)		(OFFICE)	
CELI		E-MAIL		
DAT	E OF ORDINATION			
DAT	E OF BIRTH	S	POUSE'S NAME	
Valid	ation criteria			
A.	In Service Beyond the Jurison		Thurch (G-2.0503a):	
	Please attach a position de	scription.		
	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)		
			closed sheet) with the Book of Order (G-2.0502)?	
	in which was all you in con	-p		
C.	Inactive Member (G-	2.0508)		
C.			closed sheet) with the Book of Order (G-2.0502)?	
	in what ways are you in con	ipitance (see cire	closed sheet) with the book of Order (G-2.0302):	
Pleas	e respond to the following ques			
A.	Did your session/employer	evaluate your pe	rformance this year?	
	Yes No			
	Did your session/employer	evaluate the perf	ormance of all employees?	
	Yes	No		

В.	Contin 1.	 Continuing Education 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.		sed please find a copy of John Knox Presbytery's Sexual Misconduct Policy for eview. Have you attended a Boundary Training Workshop within the past three			
	y cars.				
		Yes When and where? No When was the last time you did?			
D.	year at	share how you have lived out your commitment to the John Knox Presbytery this fter reflecting upon the following constitutional questions (W4.4003): you be governed by our church's polity, and will you abide by its discipline? Will			
	orderi	a friend among your colleagues in ministry, working with them, subject to the ng of God's Word and Spirit?" (5) and "Will you be active in government and ine, serving in the governing bodies of the church?" (9)			
	I woul	d like to serve on the following committee(s) of the John Knox Presbytery:			
E.	Name Locati	our service is not to a congregation, where do you usually worship? ne of church ation Other Attendance:regularoccasional not at all			
F.	pastora provid pastors	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	I you like to meet with the Committee on Ministry? Yes No			
Pleas	se add any	comments that would assist the Committee on Ministry in its work:			