

ANNUAL REPORT OF EVANGELIST

Manual 509-509.7, 525

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

District _____

Local Church Membership _____

INDICATE:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Ordained | <input type="checkbox"/> Commissioned Evangelist Tenured* | <input type="checkbox"/> Evangelism Service Retired |
| <input type="checkbox"/> Licensed | <input type="checkbox"/> Commissioned Evangelist | <input type="checkbox"/> Commissioned Song Evangelist |
| <input type="checkbox"/> Layperson | <input type="checkbox"/> Registered Evangelist | <input type="checkbox"/> 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:

- | | |
|---|---|
| <input type="checkbox"/> Evangelist's Commission Tenured* | <input type="checkbox"/> Evangelism Service Retired |
| <input type="checkbox"/> Evangelist's Commission | <input type="checkbox"/> Song Evangelist's Commission |
| <input type="checkbox"/> Evangelist's Registration | <input type="checkbox"/> 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 509.3)
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 527.6)*

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.