

Annual Report of the Mentor to the Embarras River District Committee on Ordained Ministry

**TO BE SUBMITTED BY POSTAL MAIL TO THE REGISTRAR BY
DUE DATE LISTED ON THE CANDIDATE'S NOTICE TO INTERVIEW LETTER**

Date: _____ For the period of: _____ to: _____

Name of Candidates: _____

Address/Telephone: _____

E-Mail: _____

Appointment: _____

Status: _____ Certified Candidate for Elder _____ Certified Candidate for Deacon
 _____ Licensed Local Pastor _____ Probationary Member
 _____ Other denomination

Name of Candidacy Mentor: _____

Address/Telephone: _____

District: _____

E-Mail: _____

Appointment: _____

1. How many times have you met this year? (Four times should be the minimum and up to six meeting are advised. This applies to face-to-face meetings only.)

2. What ministerial functions and activities have you observed?

- _____ Preaching
- _____ Liturgy
- _____ Board or Committee Meeting
- _____ Pastoral Calling
- _____ District or Conference Activities
- _____ Other (please list)

3. What progress has been made in completing the psychological assessment process? (If applicable)

