



One on One Dialogue with Your District Superintendent

Date: _____

Name: _____

Appointment

- District _____
- Parish _____
- Church(es)/Charge _____
- Date appointed/assigned _____

Clergy status (LP, FE, OE, PE, SY) _____

Cell phone _____

Email _____

*The questions below will form the basis of your conversation with your DS.
Please answer all questions, and provide your completed form to your District Office as
requested.*

Opening Questions

Spiritual Well-being

How is it with your soul? What spiritual disciplines are you currently practicing? Where are you experiencing God's grace?

What areas of ministry are you passionate about currently?

Are you in a covenant group? If so, how is that experience for you?

Where are you finding joy?

How are you engaging in works of justice?

Familial, Social & Emotional Well-being

How is your family?

How is your relationship with your spouse/partner (if applicable)? How are you nurturing your relationship with your spouse/partner?

How are your children (if applicable) or other dependents who live with you? How are you nurturing those relationships?

How are you managing the needs of your family and the demands of your work on your time, focus and energy?

If you are not married, are you in a relationship with someone? (For conversational purposes, be prepared to share if this person is a member of your congregation, your understanding of sexual ethics boundaries, and how this relationship status is being communicated with the SPRC of your local church/charge.)

How are you nurturing a social life, and friendships beyond your collegial relationships?

Physical Health

How would you describe your current physical health? Are there any conditions which are being medically managed?

Are you current on medical check-ups, bloodwork, cancer screenings and other screenings?

What practices do you engage to maintain physical health and well-being?

What do you do for fun, play and/or relaxation?

Are there areas of your spiritual, emotional, social, financial or physical well-being where you are experiencing challenges that you would be willing to share?

Personal & Vocational Growth

How have you engaged in continuing education this past year? What are your plans for the next 12 months?

How have you engaged in spiritual renewal? What are your plans for the next 12 months?

What are your vocational/professional goals for the coming year?

When did you last complete

Sexual ethics and boundary training _____

Safe sanctuaries training _____

Anti-racism training _____

- Transforming the world through Christ?

How are you engaging in anti-racism work in your personal development? How are you leading in anti-racism work in your Parish and church/charge?

What are the signs of vitality in your current ministry setting? How are you engaging in mission and ministry with your community?

How are you engaged in the connectional ministries of your District and/or of the Annual Conference? Are there areas of service in which you would like to be engaged (If yes, please describe your gifts and skills for those)?

Appointment Review

What are your hopes and intentions for your current appointment?

I am hoping to remain in my current assignment for another appointment year.

I am requesting a change in appointment for the next appointment year
(NOTE: This request is to be shared by you with the SPRC before 12/31/22 to ensure complete transparency of intentions.)

I am open to staying and/or willing to move in the next appointment year.

I plan to retire at the end of this appointment year.

NOTE: If your hopes and intentions change prior to December 15, please contact your District Superintendent.

Is there anything that prevents you from serving in itinerant ministry in any setting throughout the Annual Conference? Please review BoD, 2016, paragraph 338 in regards to the expectations of itineracy. No Yes (If Yes, please explain):

(NOTE: A "Limited Itineracy" form must be completed/signed by all clergy who declare specific limits in their ability to be itinerant.)

Are there any family needs which may have an impact on your appointment?

Personal & Family Information

Your full name: _____

Birthdate: _____

Spouse/Partner's Name: _____

- Anniversary _____

- Spouse/Partner's Birthdate _____

Children's Name(s) & Birthdate(s): _____

One on One conversation completed on _____

District Superintendent (please sign) _____

Pastor (please sign) _____