

PROVISIONAL MEMBER PROGRAM

Eastern Pennsylvania Conference
The United Methodist Church

BOARD OF ORDAINED MINISTRY

ANNUAL EVALUATION OF PROVISIONAL MEMBER/CANDIDATE FOR ORDAINED DEACON IN FULL CONNECTION

Name of Provisional Member: _____ Date of Report _____

Employer or Agency served _____

Address _____

Phone No. _____

1. What are this person's strengths?

2. What areas need further development?

3. Would you hire this person for a permanent position in your agency?

_____ Yes _____ Not Applicable
_____ No If not, may we call you for reason? _____ Yes or No

4. Please note any areas relating to honesty, integrity, or commitment which are troubling to your agency or to you personally. (If none, please indicate):

(over)

5. Other evaluative comments:

Date: _____

Date: _____

Signed: _____

Provisional Member

Signed: _____

Position or Official Capacity

PLEASE NOTE:

If your company or agency has an evaluative instrument which you prefer to use, you may copy that form to the Board of Ordained Ministry.

Please send completed form (signed by both candidate and supervisor) to:

BOOM – Registrar

Eastern Pennsylvania Conference
P.O. Box 820
Valley Forge, PA 19482-0820

Retain a copy for your records