

**ANNUAL REPORT OF EVANGELIST**

*Manual 510-510.7, 527-527.1*

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 510.3)**  
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 529.6)**

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.*