

Biennial Review Form for Special Ministry

Name _____ Date _____

Address/Phone/E-mail Updates _____

Please submit this form to your oversight leader for a signature. Then return to VMC, 901 Parkwood Dr., Harrisonburg VA 22802 with payment for membership fee. Use other side or separate sheet as necessary.

Assess your ministry for the past 2 years in relation to Virginia Mennonite Conference and/or Mennonite Church USA.

Comment on your relationship with your oversight leader. What do you affirm? What would be helpful?

Comment on your relationship with your congregation and your participation in a mutual support/ministry accountability group.

Please provide a brief statement of vision for ministry for the coming two years.

I affirm this person for continuation of special ministry status.

Printed Name of Oversight Leader: _____ Cluster _____

Oversight Leader _____ Date _____

OFFICE USE

Fee of \$ _____ received from _____ on _____

Executive Conference Minister's Signature _____ Date _____