

SPECIAL MINISTRIES: BIENNIAL REVIEW
Cover Page



Date / /

CREDENTIALLED LEADER INFORMATION

Name	
Phone	E-mail
Address	
Home Congregation	District
Current Employer	Oversight Minister

REVIEW QUESTIONS

On a separate sheet of paper, please answer the following questions.

1. Assess your ministry for the past 2 years in relation to Virginia Mennonite Conference and/or Mennonite Church USA.
2. Comment on your relationship with your oversight leader. What do you affirm? What would be helpful?
3. Comment on your relationship with your congregation and your participation in a mutual support/ministry accountability group.
4. Please provide a brief statement of vision for ministry for the coming two years.

Sign and submit both, coversheet and answers, to your oversight leader for a signature. The signed form will be forwarded to the VMC Office for filing: Virginia Mennonite Conference | 601 Parkwood Drive | Harrisonburg, Va 22802. Upon affirmation by oversight leader, an invoice for the annual \$100 credentialing fee will be sent. In non-review years expect to see an invoice each spring.

CREDENTIALLED LEADER SIGNATURE

Signature of Credentialed Leader	Date / /
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OVERSIGHT MINISTER

I affirm this person for continuation of special ministry status.

I DO NOT affirm this person for continuation of special ministry status.

Name of Oversight Minister (printed)	Cluster or District
Signature of Oversight Minister	Date / /

For office use	Date Received / /	Initials		
Action Taken				
Executive Signature			Date / /	
Date / /	CK#	Amt\$	Class	Account