

(Use additional space/pages as needed)

Name _____

Date _____

Phone _____

E-mail _____

**CLASSIS OF DELAWARE-RARITAN, R.C.A.
PASTORAL CARE COMMITTEE
SPECIALIZED MINISTRY REPORT FORM**

1. TELL US ABOUT YOUR SPECIALIZED MINISTRY; PLEASE INCLUDE WHAT YOU FIND PARTICULARLY REWARDING AND/OR CHALLENGING, AS WELL AS HOW IT RELATES TO YOUR ORDINATION. HOW HAVE YOU EXPERIENCED YOUR CALL TO MINISTRY BEING FULFILLED THIS PAST YEAR?

2. PLEASE TELL US ABOUT THE OPPORTUNITIES YOU'VE RECEIVED AND ACCEPTED TO PREACH AND TEACH IN THE PAST YEAR: WOULD YOU LIKE TO BE INCLUDED ON A LIST WHICH IS SHARED WITH CHURCHES REQUESTING PREACHING ASSISTANCE?

3. PLEASE TELL US ABOUT THE OPPORTUNITIES YOU'VE RECEIVED AND ACCEPTED TO PARTICIPATE IN THE ADMINISTRATION OF THE SACRAMENTS IN THE PAST YEAR.

4. ARE THERE SPECIFIC WAYS YOU WOULD LIKE TO BE INVOLVED IN CLASSIS, THAT AREN'T OCCURRING PRESENTLY?

5. PLEASE SHARE ANY COMMENTS OR SUGGESTIONS FOR THE CLASSIS OR THIS COMMITTEE:

THANK YOU!

PLEASE RETURN TO:
PASTORAL CARE COMMITTEE
c/o Rev. David Ruisard (Stated Clerk), PO Box 98, Whitehouse Station NJ 08889
Email: drstatedclerk@gmail.com Fax: 908-534-4534