Presbytery of Yellowstone Annual Report and Request for Revalidation of Ministry

(This form should be used by those who are currently performing a ministry that was validated last year and who are requesting a revalidation of that <u>same</u> ministry.)

Name	Date
Address	
City, State, ZIP	
Phone Numbers	Cell
Email Address	
JOB TITLE	
Please attach a copy describing your dut	y of your current Job Description for this job title. Write a paragraph
SUPERVISION	
currently employed	n your employer/supervisor for this position which states that you are and in good standing. vises your work and how that supervision is accomplished.
ORDINATION REQUIRE	EMENTS
	equires you to administer the sacraments and preach the word? OR the word and administration of the sacraments enhance your ministry?

PARTICIPATION Within which church, ordinarily a PCUSA congregation in the Presbytery of Yellowstone, are you now, or do you expect to be, active?
In what ways did you participate in the life of Presbytery of Yellowstone?
Describe some of the high points and challenges of your ministry.
Each Minister is encouraged to perform ecumenical/ecclesiastical/religious activities including, but not limited to, preaching, and administering the sacraments. Please report on when and how you fulfilled this requirement.
YOUR SPIRITUAL LIFE How are you caring for your emotional, physical, and spiritual needs at this time?

How can the Pastoral Ministry Team of Yellowstone Presbytery be praying for you throughout this next year?
SIGNATURE By signing this application, I certify that I know the contents and the statements in the application are a true and correct representation of my Ministry activities for my validated ministry.
I make the following motion: that my report is accepted and that my ministry is validated and renewed for the coming year.
Signature
Print your name