

**VIRGINIA ANNUAL CONFERENCE
of the
UNITED METHODIST CHURCH**

FORM for CAMPUS MINISTERS or CHAPLAINS

Complete form out annually in consultation with Local Board Personnel Committee or College/University President

Minister _____

Campus Ministry/School _____

District _____

After meeting with the Local Board Personnel Committee or President and discussing the ministry needs of the Campus Ministry, and after prayerful consideration and discernment concerning the needs of the Campus Ministry and my gifts for ministry, I make the following advisory recommendation:

_____ I desire to remain at my present appointment.

_____ I prefer to remain at my present appointment. However, in the event that an appointment becomes available where my gifts for ministry are needed, I am willing to be considered. If a change occurs, I will work with the Campus Ministry or school to assure a smooth transition of leadership.

_____ I would like to be considered for a new appointment. However, in the event that a change does not occur; I will be willing to return to my present appointment.

_____ I desire a new appointment.

_____ I plan to retire at the next session of the Annual Conference.

_____ I plan to request a different extension appointment.

I recognize that this recommendation is advisory to the Bishop and Cabinet but affirm that it is my best judgment.

Factors I have considered in selecting the above recommendation include:

A) Missional needs of the Campus Ministry or School:

B) Other factors (include personal issues, limits to availability, special circumstances and concerns, etc.)

I understand that The United Methodist Church is committed to appointing persons without regard to race, ethnic origin, gender, color, disability, marital status, or age.

I have met with the Campus Ministry Local Board Personnel Committee or President and discussed my request.

Signature of Campus Minister or Chaplain: _____

Date: _____

Signature of Personnel Committee Chairperson or President: _____

Date: _____

Please keep one copy and send the original to the District Superintendent and email a copy to the BHECM Administration: Becky Tate (beckytate@vaumc.org)

11/1/20