

**Charleston Atlantic Presbytery
Commissioned Pastor
Annual Report**

Name:

Today's Date:

Church/Ministry Served:

Ministry Start Date:

MINISTRY INFORMATION:

What ministry are you serving in? (Provide a brief description of your work)

What has been your greatest joy in ministry in the last year?

What has been your greatest challenge in ministry in the last year?

What are the strengths of the congregation/ministry you serve?

What are your goals for the next year?

What continuing education courses have you taken this year?

Do you currently serve as a peer mentor to another SC5 SOT student? _____

PRESBYTERY INVOLVEMENT:

Which CAP Stated Meetings did you attend in the past 12 months (attendance required unless excused): Winter___ Spring___ Summer___ Fall___

Which CAP CP Quarterly Meetings did you attend in the past 12 months? (2 of 4 required): January___ April___ July___ October___

If you serve on a CAP team or committee, which one(s):

If none of the above, what was/were the reason/s: _____

MENTOR INFORMATION:

Name of your "Mentor and Supervisor" (G-2.1004): _____

How often do you and your "Mentor and Supervisor" confer? _____

How do you ordinarily meet (in person, by phone, ZOOM, etc.)? _____

Is there any way that the COM can better support you in your ministry?

Please submit this form along with your current covenant to the chair of COM.