

# THE METHODIST CHURCH OF SOUTHERN AFRICA ORDER OF EVANGELISM APPLICATION

**DOCUMENTATION COMPLETED IN FULL AND WITH ALL ATTACHMENTS MUST REACH THE WARDEN NOT LATER THAN 15<sup>th</sup> MARCH EACH YEAR.**

INDICATE WHETHER: BIBLEWOMAN \_\_\_\_\_ EVANGELIST    M \_\_\_\_\_    F \_\_\_\_\_

**PLEASE NOTE; BIBLEWOMAN AND EVANGELISTS ARE APPOINTED AS NON ITINERANT FULL TIME STIPENDARY**

SURNAME : .....

FIRST NAMES : .....

DATE OF BIRTH : .....

ID NUMBER : .....

POSTAL ADDRESS : .....

.....

.....POSTAL CODE: .....

TELEPHONE NO : .....

CELLPHONE NO : .....

EMAIL ADDRESS : .....

### DOCUMENTS TO BE ATTACHED TO THIS APPLICATION

*Please note that without these documents application cannot proceed*

1. A copy of Identity Document
2. Circuit report
3. Medical Form

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SOCIETY \_\_\_\_\_

SUPERINTENDENT MINISTER \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

..... POSTAL CODE \_\_\_\_\_

TELEPHONE CODE \_\_\_\_\_ NUMBER \_\_\_\_\_

CQM VOTE \_\_\_\_\_ FOR \_\_\_\_\_ AGAINST \_\_\_\_\_ NEUTRAL \_\_\_\_\_

**THE METHODIST CHURCH OF SOUTHERN AFRICA  
ORDER OF EVANGELISM  
CIRCUIT REPORT**

**PLEASE NOTE: NO PERSON OVER THE AGE OF 50 CAN BE ACCEPTED TO THE ORDER**

**SUPERINTENDENT'S DETAILS**

Superintendent's name \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Cell \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

**CANDIDATE'S DETAILS**

Surname \_\_\_\_\_ Full Names \_\_\_\_\_

Male/Female \_\_\_\_\_ Age \_\_\_\_\_

Telephone (Work) \_\_\_\_\_

(Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

(E-mail) \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

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Has the candidate been a full & local member of the Methodist Church for at least 2 years?

Is the candidate a Local Preacher on trial? \_\_\_\_\_ Since? \_\_\_\_\_ or fully accredited?

When? \_\_\_\_\_

CQM: Date \_\_\_\_\_ Vote: Unanimous \_\_\_ For \_\_\_ Against \_\_\_ Neutral \_\_\_\_\_

Who has been appointed as Circuit tutor/mentor for this candidate \_\_\_\_\_

Does the Circuit undertake to register the candidate with MCO and pay all remuneration as prescribed by the Conference?

**Please note** that the candidate must be registered to MCO and be paid accordingly as soon as s/he is accepted and begins working in the Circuit.

## REPORT ON THE CANDIDATE

1. What evidence is there of spiritual growth in the candidate? \_\_\_\_\_

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2. Describe the level of his/her spiritual maturity. Please motivate your comment

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3. Which ministries, organizations or a group is the candidate involved with & in what capacity?

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4. How has s/he enabled others to grow spiritually? Please motivate your comment.

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5. How is the candidate's moral character evident? \_\_\_\_\_

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6. Why do you believe that the candidate is suitable for the ministry of Bible Women or Evangelists in the Methodist Church?

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7. Is the candidate familiar with the doctrines and disciplines of the Methodist Church, and does s/he observe them? Does the candidate fulfil his/her responsibilities (e.g. preaching, etc) faithfully?

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8. Does the candidate have a healthy relationship with members, leaders and ministers in the Circuit?

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9. Any other comments? \_\_\_\_\_  
\_\_\_\_\_

10. Does the candidate have Grade 12 as prescribed by the Book of Order? \_\_\_\_\_

**SUPERINTENDENT**

Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCUIT STEWARD 1**

Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCUIT STEWARD 2**

Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

# THE METHODIST CHURCH OF SOUTHERN AFRICA

## MEDICAL EXAMINATION OF CANDIDATES FOR THE ORDER OF EVANGELISM

### CANDIDATE'S DETAILS TO BE FILLED BY DOCTOR

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:** Please record any heredity (familiar) or acquired condition or disease that may be of relevance.

<b>HEART AND CIRCULATION</b> Please record: Blood pressure Pulse		
<b>RESPIRATORY SYSTEM</b>		
<b>GASTROINTESTINAL SYSTEM</b>		
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>GENITO-URINARY SYSTEM</b> Including examination for protein or sugar in the urine, which must be voided in the surgery.		

**RECOMMENDATION:** Recommendations to be considered by the Screening Committee, or which require further investigation in the interest of the candidate, would be appreciated.

Please record abnormal findings: \_\_\_\_\_

**SIGNED:** Medical Examiner and Official Stamp \_\_\_\_\_

Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_