IN-CARE PROCESS AND REQUIREMENTS

Appendix H: Advisor's Annual Report (page 1 of 1)

Please type or print and return by March 15th to:

New Jersey Association…….

Date:	
Advisor:	
Advisor phone:	
In-Care Candidate:	
Seminary:	• Name: • Year: 1 2 3 4 Completed

Recent Contacts (date and check all that apply)

Date:	In person	By phone	By letter/ e-mail

1) Do you feel growth is stronger or weaker (circle one) in the in-care candidate's desire to prepare for ministry? Please comment:

2) What involvements is the candidate maintaining in the area of Christian fellowship and service?

3) Please share any comments and insights concerning the candidate you think would be helpful to the Pre-Ordination Commission: