## ANNUAL REPORT TO PRESBYTERY BY HONORABLY RETIRED TEACHING ELDERS

The Constitution requires that Presbytery be responsible and accountable for the teaching elders who are its members. This form helps us fulfill our responsibility as it relates to retired ministers and the ministries these members serve.

Presbytery of Los Ranchos requires Boundaries Training certification every three years from all teaching elder members to promote safety for pastors and those they serve. The approved courses can be found at Safegatherings.com. Please register as a New User to begin the training.

| Date you completed PLR Boundaries Training                              |
|---|
|   |
| If your Boundaries Training Certification is current, would you like to |
| serve as Pulpit Supply for one of our congregations?                    |
|   |
| Your Name (Required)  |
|   |
| First   |
|   |
| Last  |
| Spouse's Name (if applicable)   |
|   |

| First                                |               |
|--------------------------------------|---------------|
|                                      |               |
| Last                                 |               |
| Address (Required)                   |               |
|                                      |               |
| Street Address                       |               |
| Street Address                       |               |
|                                      |               |
| Address Line 2                       |               |
|                                      |               |
| City                                 |               |
|                                      |               |
| Ctate / Drawings / Daging            |               |
| State / Province / Region            |               |
|                                      |               |
| ZIP / Postal Code                    |               |
|                                      | <b>~</b>      |
| Country                              |               |
|                                      |               |
| Email (Required)                     |               |
|                                      |               |
| Danting Blanca (2)                   |               |
| Daytime Phone (Required)             |               |
|                                      |               |
| Please indicate if your phone number | is (Required) |
| ○ Home                               |               |
| ○ Mobile                             |               |
| ○ Office                             |               |

| List all full or part-time positions for which income was ea  | Form 14          |
|---|------------------|
| last twelve months. This includes secular, religious and se   |                  |
| Give name of employing body. (Required)   | . ,              |
|   |                  |
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|   | //               |
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|   |                  |
|   |                  |
| Membership Ministry Updates   |                  |
|   |                  |
| In what ways have you been active in the life and work of of Los Ranchos during the last year? (Required) | the Presbytery   |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
| In what ways have you been involved with a local congreg  | ation during the |
| ast year? (Required)  |                  |
|   |                  |
|   |                  |
|   |                  |
|   | //               |
|   |                  |
| Which congregation? (Required)  |                  |
|   |                  |
|   |                  |
| When have you administered the sacraments during the l  | ast vear?        |

(Required)

|  | Form 141             |
|--|----------------------|
|  |                      |
| In what religious, ecclesiastical, or ecumenical action engaged during the last year? (Required) | vities have you been |
|  |                      |
| ls there any other information you wish to share w<br>Ministry? (Required)                       | ith the Committee on |
|  |                      |
|  |                      |
|  |                      |
| Would you like a phone call or visit from a COM me   | mber? (Required)     |
| <ul><li>○ Yes</li><li>○ No</li></ul>   |                      |
|  |                      |

Signature Date

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## Date

mm/dd/yyyy

Submit