



ANNUAL REPORT OF PARISH MINISTRY ASSOCIATE

For year: _____

Name: _____

Year of PMA Certification: _____ Preferred pronouns (opt.): _____

If any changes have been made to your address, phone number, or email this year, please note:

Supervising Pastor(s) – if none/unknown, please note: _____

Continuing Education Completed:

Date Completed	Title/Description	Sponsored (Offered) By
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Ministry in and beyond congregations in the past year:

(Please summarize your activities for each congregation/institution/agency served)

Ministry in and beyond congregations next year:

(Please indicate what types of ministry and/or activities you would be open to or plan to be involved with in the coming year, including the time commitment you are willing to make as well if you would like to be on the synod pulpit supply list.)

Signature of PMA _____

Signature of Supervising Pastor _____

Retrun by February 15 to:
Rev. Adam Wutka, CSS Director of Lay Ministry
2101 Jackson St.
Great Bend, KS 67530
or email to pastoradamtlbwy@gmail.com