**Upper New York Supervisory Questions 2022**

(Please read the disciplinary paragraphs referenced before responding).

**Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are you performing your function as a United Methodist pastor in accordance with The Book of Discipline of the United Methodist Church paragraphs 339 and 340?

\_\_\_\_Yes \_\_\_\_\_ No If No, please use back of sheet to explain-

1. Do you ensure that the financial practices of your charge follow the procedures of the Book of Discipline ¶258.4?

\_\_\_\_Yes \_\_\_\_\_No If No, please use back of sheet to explain-

1. Do you document all reimbursable expenses paid to you?

\_\_\_\_Yes \_\_\_\_\_No If No, please use back of sheet to explain-

1. Do you work with the appropriate people to ensure that all designated contributions made to the charge you serve are spent according to the designation?

\_\_\_\_Yes \_\_\_\_\_No If No, please use back of sheet to explain-

1. Do you ensure that you and all staff and volunteers working with children, youth, and vulnerable adults have required background checks, and that the congregation is following the minimum standards of the Upper New York Safe Sanctuary policies?

\_\_\_\_Yes \_\_\_\_\_No If No, please use back of sheet to explain-

1. Have you completed Upper New York Safe Sanctuaries training?

\_\_\_Yes; \_\_\_\_\_\_\_Date \_\_\_No. If no, please use back of sheet to explain-

1. Do you review the NY State sex offender registry as outlined in the Upper New York Safe Sanctuaries Minimum Standards Policy on at least a quarterly basis?

\_\_\_Yes \_\_\_ No If No, please use back of sheet to explain-

1. Do you maintain confidentiality in conversations of a confessional or pastoral nature except in cases of suspected child abuse or neglect or in cases where mandatory reporting is required by civil law?(I.e. no sharing that someone has cancer with the prayer group unless you have their permission to share the information)

\_\_\_\_Yes \_\_\_\_No If No, please use back of sheet to explain-

1. Are you maintaining healthy and appropriate boundaries in relationships with colleagues, parishioners, and in all relationships? (See documents: “Clergy Covenant UNY” and “Clergy Behavioral Guidelines” from the GBHEM.)

\_\_\_\_Yes \_\_\_\_No If No, please use back of sheet to explain-

1. Have you completed Upper New York Boundaries training and submitted certificate of completion to the District Office? (Required every 5 years)

\_\_\_Yes \_\_\_\_No If No, please use back of sheet to explain-

1. Does your DS have a background check report for you completed in the last 2 years?

\_\_\_Yes \_\_\_\_\_I am submitting at my one on one \_\_\_\_No If no, please use back of sheet to explain.

1. Our conference is committed to successful cross-cultural appointments.  Are you willing to: a) educate yourself and your congregation regarding the importance and dynamics of cross cultural appointments; b) to be appointed to a congregation with a majority of people who are not of your race / ethnicity? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No
2. When did you last complete the LPLI inventory? \_\_\_\_\_\_ If not completed, use back of sheet to explain.

Signature of Pastor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Signature of District Superintendent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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