



STATE CONVENTION \_\_\_\_\_ ASSOCIATION(S) \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

FOR MONTH ENDING \_\_\_\_\_ /25/ \_\_\_\_\_ PEOPLE GROUP ASSIGNED \_\_\_\_\_

**PROVIDE FOLLOWING PERSONAL AND MINISTRY INFORMATION IF NEW OR CHANGED**

POSITION \_\_\_\_\_ PLACE(S) OF SERVICE \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_ CHURCH MINISTRY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PARTNER CHURCH (IF APPLICABLE) NAME/ADDRESS \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ NAME OF MENTOR (IF APPLICABLE) \_\_\_\_\_

**PERSONAL STATISTICAL INFORMATION**

	# Evangelistic Encounters	# Professions of Faith	# Baptisms Resulted from Professions of Faith	# New Bible Studies Started	# New Ministries Started	# New Churches or Congregations Started	# Sermons and/or Addresses	# Bibles Distributed
This Month								
Year to Date								

**MINISTRY REPORT**

1. DESCRIBE THIS MONTH'S MINISTRY ACTIVITIES.

2. PLANS FOR NEXT MONTH'S MINISTRY ACTIVITIES.

3. SHARE MOST SIGNIFICANT ACCOMPLISHMENT THIS MONTH.

4. PERSONAL AND WORK-RELATED CONCERNS OR NEEDS AT THIS TIME.

5. HOW HAVE YOU TAKEN CARE OF YOUR SPIRITUAL, PHYSICAL, EMOTIONAL, AND FAMILY NEEDS THIS MONTH?

6. WHEN DID YOU MEET WITH YOUR SUPERVISOR THIS MONTH? \_\_\_\_\_ IF APPLICABLE, WITH YOUR MENTOR? \_\_\_\_\_

7. SPECIFIC PRAYER REQUESTS, FOR URGENT REQUESTS CALL 1 800 554-PRAY, STATE PRAYER LINE ( \_\_\_\_\_ )

<b>NEW WORK/MINISTRIES REPORT</b>					
ADDRESS	TYPE OF WORK/MINISTRY	NAME & ADDRESS OF LEADER	PEOPLE GROUP (AS APPLICABLE)		
<b>TRAINING CONFERENCES LED</b>					
CONFERENCE DATES	TARGET GROUP(S)	SPECIFIC TRAINING OR CONTENT	ATTENDANCE		
<b>FIELD PREPARATION</b>					
TOTAL	DEMOGRAPHIC STUDIES COMPLETED	FIELDS SURVEYED/NEEDS ASSESSMENTS	STRATEGIES & PARTNERSHIPS DEVELOPED	CORE GROUPS DEVELOPED	NEW WORK/MINISTRIES LAUNCHED
THIS MONTH					
YEAR TO DATE					
<b>CHURCH PLANTING PROCESS (FOR CHURCH PLANTING GROUP and ASSOCIATIONAL MISSIONARIES)</b>					
TOTAL	ASSESSMENTS CONDUCTED	CHURCH PLANTER NETWORKS HELD	MENTORING MEETINGS HELD		
THIS MONTH					
<b>ASSOCIATIONAL MISSIONARY REPORT (CURRENT)</b>					
# TRAINING COURSES TAKEN THIS MONTH	# CHURCHES	# CHURCH TYPE MISSIONS	# PARTNERSHIP(S)	ASSOCIATION STRATEGY yes/no	ASSOCIATION STRATEGY STATEMENT yes/no
<b>VOLUNTEER UTILIZATION</b>					
TOTAL	# NEWLY ENLISTED	# UTILIZED	# SUPERVISED CURRENTLY	#FROM OUTSIDE ASSOC. AREA	# FROM INSIDE ASSOC. AREA
THIS MONTH					
YEAR TO DATE					
<b>CHURCH PLANTER/PASTOR/INTERN REPORT</b>					
<i>RESULTS</i>	ADDITIONS BY BAPTISM	ADDITIONS BY LETTER/ STATEMENT	DECISIONS FOR SPECIAL SERVICE	TOTAL CHURCH MEMBERSHIP	# OF VISITS (ALL TYPES)
THIS MONTH					
YEAR TO DATE					
<i>ATTENDANCE</i>	BIBLE STUDY (SS) AVERAGE ATTENDANCE	BIBLE STUDY (SS) ENROLLMENT	PRIMARY WORSHIP SERVICE	BIBLE STUDY (OUTREACH) GROUPS	DISCIPLESHIP TRAINING
THIS MONTH					
<i>FINANCIAL INCOME</i>	LOCAL CONGREGATION	SPONSORING CHURCH (ES)	ASSOCIATION	STATE/NAMB	OTHER
THIS MONTH					
YEAR TO DATE					
<i>MISSIONS GIVING</i>	COOPERATIVE PROGRAM	ASSOCIATION	STATE MISSIONS	ANNIE ARMSTRONG (NAMB)	LOTTIE MOON (IMB)
THIS MONTH					
YEAR TO DATE					
<b>EVANGELISM REPORT</b>					
TOTAL	# OF SPECIAL EVENTS	# OF CHURCHES INVOLVED	# OF PEOPLE SERVED	# OF BABIES BORN (for PCC's)	# OF ADOPTIONS (for PCC's)
THIS MONTH					
YEAR TO DATE					

ATTACH ADDITIONAL SHEETS IF NEEDED