

Community Services Quarterly Report



Name of Church: _____

E-mail: _____

Contact #: _____

Reporting period: 1st Qrt. () 2nd Qrt. () 3rd Qrt. () 4th Qrt. ()

1. Number of active church members _____
2. Number of active members in Welfare Ministry _____
3. Number of Welfare members in uniform _____
4. Active Community Services Units _____
5. Number of meetings conducted _____
6. Number of training seminars conducted _____
7. Persons helped _____

	Number	Value
Hours of Christian help work and value of the same		
Food baskets given out and value of the same		
Clothing given out and value of the same		
Disaster and relief activities		
Development activities		
Funereal ministry/grief counseling		
Number of persons fed in feeding program this quarter		
Average cost to conduct feeding program this quarter		
Number of prison ministries program conducted		

8. Other Community Services activities _____

Community Services Secretary Community Services Leader..... Date Sent

NB: One copy of this report should be sent to the Conference by the **10th of the month beginning the new quarter**. A copy should be filed for the church's record. The pastor and elder should be also be given a copy.