|  |  |  |  |
| --- | --- | --- | --- |
| **Ministry/Organization Name:** |  | **Annual Day (if applicable)** |  |
| **President/Director/Coordinator’s Name:** |  | **Number of Members:** |  |

# Ministry/organization’s mission statement

# Is this ministry active? Circle One

**YES NO**

# how many times did this ministry meet last quarter?

# what is the ministry/organization’s RESPONSIBILITIES in the church? What is your purpose?

# date(s) and time(s) the ministry/organization meet.

# list any outreach activity you do or are involved in as a ministry/organization.

# history of the ministry/organization (feel free to attach a separate sheet)

# what are your ministry/organization’s GOALs FOR the 2014-2015 conference year? (INFORMATION ON ANNUAL DAY ACTIVITIES should BE INCLUDED HERE)

# CHURCH office use only

|  |  |
| --- | --- |
| Date Received |  |
| Reviewed by: |  |