

2018/2019 MINISTRY REPORT FORM
SECTION I: MINISTRY INFORMATION

Ministry Name: _____

Chairperson/President: _____

Co-Chairperson/Vice President: _____

SECTION II: CONTACT INFORMATION FOR PERSON WHO COMPLETED THIS FORM

Name: _____ **Contact Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

SECTION III: ACCOMPLISHMENTS FOR 2018/2019

Please share two highlights of your ministry accomplishments that had the greatest impact on people.

Ministry Highlight #1: _____

Ministry Highlight #2: _____

SECTION IV: MINISTRY ACTION PLAN
CHURCH WIDE EVANGELISM OPPORTUNITIES

- Juvenile Hall Outreach
- Breast Cancer Walk
- Men in the Park Outreach
- Barber and Beauty Shop Day
- Men's Ministry Gym Outreach
- Hand Bag of Love
- College Student Outreach/Ride and Drive

Name of Ministry Representative: _____

Contact Number: _____ Email: _____

MINISTRY SPONSORED ACTIVITY

Describe the activity your ministry will engage in to support the church priority of Evangelism.

Name of Evangelistic Activity: _____

Proposed Date: _____

Proposed Start Time: _____ Proposed Ending Time: _____

Description of Activity: _____

What is the goal of the Activity?: _____

What are the desired outcomes?: _____

Who are you seeking to reach?: _____

What pre-evangelism activity will occur?: _____

Post Activity action(s): _____

Additional Information:

SECTION V: ACTIVITIES FOR 2019

Request any date you require for ministry related activity such as ministry fellowship, youth ministry, monthly activities, etc.

Name of Activity: _____

Description of Activity: _____

Proposed Date: _____ Start Time: _____ Ending Time: _____

Location of Activity: _____

Name of Activity: _____

Description of Activity: _____

Proposed Date: _____ Start Time: _____ Ending Time: _____

Location of Activity: _____

Name of Activity: _____

Description of Activity: _____

Proposed Date: _____ Start Time: _____ Ending Time: _____

Location of Activity: _____

Name of Activity: _____

Description of Activity: _____

Proposed Date: _____ Start Time: _____ Ending Time: _____

Location of Activity: _____

SECTION VI: CURRICULUM REQUEST

Please describe the Curriculum and Resource material needed for 2019.

Curriculum Title	ISBN#	AUTHOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION VII: TRAINING NEEDS

Please describe any training needs you require to better accomplish the purpose of your ministry.

SECTION VIII: FINANCIAL

Please attach a separate document of an itemized proposed budget to support any ministry request that you have. (Please note the proposed budget may be approved, however adjustments may be made up to the point of receiving the funds).

SECTION IX: SIGNATURES

SIGNATURES: *(to be signed by ministry chair and co-chair)*

Signature of Ministry Chairperson/President

Date

Signature of Ministry Co-Chairperson/President

Date