

Item Definitions for 2009 Annual Church Profile

The 2008-2009 reporting year is the 12-month period included in this report. In many cases this will correspond to the associational year. Be sure to report 12 months of data where cumulative information is requested. Membership and enrollment information should be given as of the last day of the reporting year.

Congregation Type: C=Church M=Mission

Year Organized: The year your congregation was constituted for the first time as a church. If a church-type mission, it is the year the congregation organized as a mission.

Primary Ethnicity: (Select **largest** ethnic group)

Please do not leave any space blank unless specified to do so. Use zero "0" if none, "n/a" if not applicable.

1. Total members should be the total of resident and nonresident members. Do NOT include persons who are members of any church-type missions which your congregation is sponsoring. (These members should appear on the ACP completed by the church-type mission.)
2. Total number of baptisms during the 2008-2009 reporting year (12 months).
3. Average number of persons in the primary worship service(s) of your congregation. For many congregations the primary worship service(s) is on Sunday morning. If weekly attendance is not kept, give attendance for the last Sunday of the 2008-2009 reporting year.
4. Total number of persons enrolled in the Sunday School (SS) ministry or any similar ongoing strategy, including small groups, Bible studies and cell groups. Base enrollment on the last regular meeting of the 2008-2009 reporting year. Include officers and teachers in this total.
5. Average number of persons attending Sunday School, small groups, Bible studies or cell groups each week during the 12-month period. Be sure to include cell/other groups in this number.
6. Number of persons enrolled in your congregation's Vacation Bible School(s). Do NOT include VBS enrollment from any church-type missions which your congregation is sponsoring/assisting. (These enrollments should appear on the ACPs completed by the church-type missions.)
7. Total number of persons (counted only once) who participated in one or more Discipleship Training studies, activities, or groups during the 12-month period. Include all age-level workers and General Officers. This Total includes both ongoing/continuous groups and short-term activities. Persons should be counted only once regardless of how many studies in which they participated.
8. Total participants in music ministry. Persons may be counted more than once (counted for each group in which they participate). Base enrollment on the last regular meeting of the 2008-2009 reporting year.
9. Total amount of undesignated and designated gifts to any/all mission causes (Southern Baptist and others) by the congregation. This includes monies given to: Southern Baptist church-type missions; any associational, state convention, or Southern Baptist Convention ministries (this includes the Cooperative Program); or any other Southern Baptist or non-Southern Baptist mission causes.
10. Does your congregation have Deaf Ministries (Yes or No)

2009 Annual Church Profile – California Southern Baptist Convention

“Reaching the World in California”

Please correct information below and add any missing information.

Congregation	Congregation: _____	Association: _____	CSBC ID/SBC ID _____
	Church/Mission: _____ Year Organized: _____	Primary Ethnicity: _____	_____/_____
	Mailing Address: _____	Location/Street Address: _____	
	City, St, Zip: _____	City, St, Zip: _____	
	<input type="checkbox"/> Check here if church mailing address is same as Pastor's home address		
Pastor	Phone: _____	Web Site Address: _____	
	FAX: _____	Email: _____	
	Name: _____	Phone day: _____ eve: _____	Paid Fulltime <input type="checkbox"/>
	Home Address: _____	Email: _____	Paid Part-time <input type="checkbox"/>
	City, ST, Zip: _____ (co-pastors are listed on the enclosed Leadership form)	Spouse: _____ Pastors Start Date: _____	Bi-vocational <input type="checkbox"/> Volunteer <input type="checkbox"/>

Please correct/add information

Please use the most current 12-month period available

Please answer as many items as you feel comfortable providing.

Use a zero (0) to indicate none.
Use "n/a" if not applicable.

1. _____ Total **Membership** of your congregation (resident + non-resident members)
2. _____ Total number of people **Baptized** in the past 12 months
3. _____ Average weekly attendance of primary **Worship Services**
4. _____ Total **Bible Study/Sunday School enrollment**
5. _____ Average weekly **Bible Study/Sunday School attendance**
6. _____ **Vacation Bible School** enrollment in 2009
7. _____ Number of people participating in **Discipleship Training** events in the past 12 months
8. _____ Number of people participating in **Music Ministry** events in the past 12 months
9. _____ Total amount of **Missions Giving** by the church to Cooperative Program and all other
10. _____ Deaf Ministries (Y/N)

Please Complete and Return by: OCTOBER 1, 2009

...forms will be accepted after that date

Make copies of the completed **ACP** and **Leadership** forms and mail one of each to your Association office and the CSBC using the enclosed envelopes. **Keep the originals for your church records.**

This ACP form was completed by:

Name (Please Print)

Relationship to Congregation

Date

Thank you...
for participating in the 2009 ACP!

2009 Church Leadership

Congregation Name: _____ **Location City:** _____

We do not currently have leadership records for your congregation. Please take a moment to let us know if you have individuals that serve in the categories listed below. Copy this form as many times as necessary. Be sure to include the attached "2009 ACP Leadership" cover page when returning the form to CSBC.

Below is the list of leadership categories. We realize that your church may use different titles for these positions. Please select the category that best fits each of your positions. You may make a note of preferred title.

Acteens Director
 Adult Director
 Associate Pastor
 Adult Choir Director
 Brotherhood Director
 Chairman of Deacons
 Children's Director
 Church Secretary
 College/Career Director
 Disaster Relief Leader
 Discipleship Training Director
 Drama/Puppet Director
 Education Director
 Evangelism Director

Family Enrichment Director
 GA Director
 Graded Choir Director
 Handbells Director
 Instrumental Director
 Media Library Director
 Mission Friends Director
 Missions Chairman
 Music Director
 Organist
 Other Ordained
 Outreach Director
 Pastoral Ministry Director
 Pianist

Prayer Ministry Director
 Preschool Director
 RA Director
 Senior Adult Choir Director
 Senior Adult Director
 Stewardship Director
 Sunday School Director
 Treasurer
 WMU Director
 Women on Mission Director
 Youth Choir Director
 Youth Director

**Please PRINT as neat as possible, check only one status box
 Also fill in leadership title under Leadership Category column.**

Leadership Category	Name	Home Address City, ST, Zip	Phone	Email
Associate Pastor * Pd.- FT <input type="checkbox"/> Pd. - PT <input type="checkbox"/> Vol <input type="checkbox"/> Bi-Voc <input type="checkbox"/>	Joe Smith	257 Main St. Anytown, CA 12345	(123)123-4567	jsmith@church.com
		example:		

***Status.....Pd-FT (paid full-time); Pd-PT (paid part-time); Vol (volunteer); Bi-Voc (bi-vocational)**

Informe Anual de la Iglesia para el año 2009- Convención Bautista del Sur del estado de California
"Alcanzar al mundo en California"

Por favor, rectifique la información a continuación y añada cualquier información que falte.

Congregación

Congregación: _____	Asociación: _____	CBSC ID/CBS ID _____
Iglesia/Misión: _____	Año organizada: _____	Grupo étnico principal: _____/_____
Dirección postal: _____	Ubicación/Dirección: _____	
Ciudad, ES, Zip: _____	Ciudad, ES, Zip: _____	
<input type="checkbox"/> Marque si la dirección de la iglesia es la misma que la dirección de la casa del pastor		
Teléfono: _____	Dirección del sitio Web: _____	
FAX: _____	Correo electrónico: _____	

Pastor

Nombre: _____	Teléfono: día _____ noche: _____	Empleado tiempo completo <input type="checkbox"/>
Dirección: _____	Correo electrónico: _____	Empleado parte del tiempo <input type="checkbox"/>
Ciudad, ES, Zip: _____	Fecha de Inicio: _____	Bi-vocacional <input type="checkbox"/>
(Anote a los pastores asociados en el formulario de los líderes)		Voluntario <input type="checkbox"/>

Por favor rectifique/añada información

Por favor, use el período de 12 meses más reciente

Por favor, conteste tantas partidas como desee.

Use un cero (0) para indicar ninguno.
Use "n/a" si no se aplica.

1. _____ Número total de **Miembros** de su congregación (miembros residentes + no residentes)
2. _____ Número total de personas **bautizadas** en los últimos 12 meses
3. _____ Promedio semanal de asistencia en los **Servicios de adoración** principales
4. _____ Total de matrícula en el **Estudio bíblico/Escuela Dominical**
5. _____ Promedio semanal de asistencia al **Estudio bíblico/Escuela Dominical**
6. _____ Matrícula de la **Escuela Bíblica de Vacaciones** en el año 2009
7. _____ Número de personas participando en las **actividades de Discipulado** en los últimos 12 meses
8. _____ Número de personas participando en el **Ministerio de Música** en los últimos 12 meses
9. _____ Cantidad total de **Ofrendas para Misiones** sin designar y designadas dadas (Programa Cooperativo y otras)
10. _____ Ministerios a los sordos (**S/N**)

Por favor complete y envíe el informe antes del 1° de octubre de 2009

... se aceptarán los formularios después de esa fecha

Quando llene los informes, saque copias de los mismos (**IAI y Líderes**) y envíe por correo una copia de cada uno a la oficina de su asociación y a la CBSC usando los sobres provistos.

Quédese con los originales para los informes de su iglesia.

Este informe lo llenó:

Nombre (por favor, letra de molde)
Relación con la congregación
Fecha

¡Gracias...
por participar en el IAI de 2009!