



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

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

FOR MONTH ENDING \_\_\_\_\_ /20/ 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**

- DESCRIBE THIS MONTH'S MINISTRY ACTIVITIES.
- PLANS FOR NEXT MONTH'S MINISTRY ACTIVITIES.
- SHARE MOST SIGNIFICANT ACCOMPLISHMENT THIS MONTH.
- PERSONAL AND WORK-RELATED CONCERNS OR NEEDS AT THIS TIME.
- HOW HAVE YOU TAKEN CARE OF YOUR SPIRITUAL, PHYSICAL, EMOTIONAL, AND FAMILY NEEDS THIS MONTH?
- WHEN DID YOU MEET WITH YOUR SUPERVISOR THIS MONTH? \_\_\_\_\_ *IF APPLICABLE*, WITH YOUR MENTOR? \_\_\_\_\_
- SPECIFIC PRAYER REQUESTS, FOR URGENT REQUESTS CALL 1 800 554-PRAY, STATE PRAYER LINE ( \_\_\_\_\_ )

NAME \_\_\_\_\_ FOR MONTH ENDING \_\_\_\_\_ /20/

