

# ANNUAL MINISTERS REPORT

FOR CALENDAR YEAR : 201(

Advent Christian General Conference

OR FOR FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_

(If you are not now serving a local church, please adjust the items to fit your situation)

NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

Residence \_\_\_\_\_ Single  Children at home & ages: \_\_\_\_\_

Address: \_\_\_\_\_ Married  \_\_\_\_\_

\_\_\_\_\_ Widowed  \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Divorced  \_\_\_\_\_

E-mail: \_\_\_\_\_

Highest Level of Education you have completed: \_\_\_\_\_

CHURCH or ministry **Currently** Serving: \_\_\_\_\_

Serving as: Pastor PT:\_\_\_\_ FT:\_\_\_\_ Church/or Employer \_\_\_\_\_

Assoc. Pastor PT:\_\_\_\_ FT:\_\_\_\_ Address: \_\_\_\_\_

Youth Pastor PT:\_\_\_\_ FT:\_\_\_\_ \_\_\_\_\_

Interim Pastor \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Bivocational \_\_\_\_\_ Fax: \_\_\_\_\_

Retired \_\_\_\_\_

Other Position \_\_\_\_\_

Conference Ordained By: \_\_\_\_\_ Date: \_\_\_\_\_ Ordained Minister

Current Credentials By: \_\_\_\_\_ Date: \_\_\_\_\_ Licensed Minister

Church Membership At: \_\_\_\_\_

Please check the following items that are a part of your ministry income:

Car Allowance Yes  No  Health Insurance Yes  No

Housing Allowance Yes  No  Social Security Yes  No

Housing Provided Yes  No  Pension Plan Yes  No

Utilities Provided Yes  No

Does the church you serve consider yours a full-time position? Yes  No

Sermons Preached \_\_\_\_\_ Other Speaking Engagements \_\_\_\_\_

Pastoral Calls \_\_\_\_\_ Bible Studies \_\_\_\_\_

Discipleship Classes \_\_\_\_\_ Mid-Week Services \_\_\_\_\_

Small Groups \_\_\_\_\_ Counseling Sessions \_\_\_\_\_

Members Received \_\_\_\_\_ Professed Conversions \_\_\_\_\_

Baptisms \_\_\_\_\_ Weddings \_\_\_\_\_

Funerals \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Who from denominational offices have contacted you this past year:

S. Lawson \_\_\_\_\_ J. Walsh \_\_\_\_\_ R. Russell \_\_\_\_\_ D. Rutan \_\_\_\_\_ M. Larkin \_\_\_\_\_

P. Buchanan \_\_\_\_\_ J. Nash \_\_\_\_\_ S. Warren \_\_\_\_\_ Reg. Supt. \_\_\_\_\_ Other \_\_\_\_\_

Please list the resources ACGC provides that are helpful in your role as pastor/leader (check all that apply).

\_\_\_\_ Witness \_\_\_\_ ENews \_\_\_\_ Prayer & Praise \_\_\_\_ Venture Book Store

\_\_\_\_ Maranatha \_\_\_\_ Penny Crusade \_\_\_\_ Prayer Emphasis \_\_\_\_ Stewardship Material

\_\_\_\_ Pension Plan \_\_\_\_ WH&FM Program Kit \_\_\_\_ ACGC Website \_\_\_\_ Others (Please List)

Leadership Development:

	Date	Name	Place	Credit (if any)
Courses				
Seminars				
Significant Reading				

1. How are you incorporating discipleship in your ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What outreach events have you participated in this past year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What has been your greatest challenge this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What has been your greatest joy this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are there some specific ways you believe ACGC can assist you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date form completed \_\_\_\_\_

**Please return this report by January 31, one copy each to:**

1. Advent Christian General Conference  
P. O. Box 690848  
Charlotte, NC 28227-7015

2. Regional Superintendent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Conference Secretary  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_