

ANNUAL MINISTERS REPORT

FOR CALENDAR YEAR : 2017

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 _____ M. Broadway _____ D. Rutan _____ M. Larkin _____

P. Buchanan _____ J. Nash _____ B. Larkin _____ 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 ____ Resource Center

____ Maranatha ____ Penny Crusade ____ Prayer Emphasis

____ 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

