



### QUARTERLY CONFERENCE REPORT

Local or traveling Deacon/Local or Traveling Elder Exhorter or Local Preacher

Name: \_\_\_\_\_ Position/Ordination: \_\_\_\_\_

Quarter beginning: \_\_\_\_\_ and ending: \_\_\_\_\_

Do you own a copy of the latest C.M.E. Discipline? Yes  No

Do you subscribe to the Christian Index? Yes  No

Do you have daily private devotion? Yes  No

Are you a tither? Yes  No

Have you been privileged to preach from the pulpit? Yes  No

Do you attend and participate in the following (Indicate **Yes** or **No** in each category)?

Morning Worship?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Church Conference?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunday School?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bible Study/Prayer meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
District Conference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	District Training meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ministers Training ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Conference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "no" is given for any of the above, please explain. \_\_\_\_\_

#### Your Ministry

Number of visits to: **(Please indicate by using numbers. Do not leave any lines blank)**

Jail/Prison	_____	Nursing Homes	_____
Sick and Shut-in	_____	Hospitals	_____
Inactive members	_____	Un-churched	_____

#### Educational history

Secondary Education: \_\_\_\_\_

Undergraduate Education: \_\_\_\_\_

Seminary Education: \_\_\_\_\_

If enrolled in school, please note where: \_\_\_\_\_

In what direction do you feel God's pull upon your life? \_\_\_\_\_

Explain how you serve the Church in support of your pastor? \_\_\_\_\_

\_\_\_\_\_  
Preacher/Minister/Exhorter

\_\_\_\_\_  
Pastor

**Please Duplicate and prepare one copy for the Elder, pastor and Secretary**