

**THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
PASTOR'S REPORT**

DATE: _____

CHURCH: _____

Presiding Elder: Rev. Dr. Curlee L. Adams and members of the ____ Quarterly Conference, it is a privilege to submit this report for the quarter beginning _____ and ending _____.

MEMBERSHIP

Number of Infants Baptized:	_____	Number of Youth Baptized:	_____
Number of Adults Baptized:	_____	Number of Converts Added:	_____
Number of Members Transferred	_____	Members added otherwise:	_____

Number of Members Lost by Death:	_____	Number of Members Lost Sight of:	_____
Number of Members Removed:	_____	Number of Members Transferred	_____

Number of Cradle Roll:	_____	Number of Preparatory Members:	_____
Number of Affiliate/Assoc. Members:	_____	Number of Full Members:	_____

Total Present Membership: _____

What is the average attendance for Sunday Morning Worship Service: _____

Adults: _____ Young Adults: _____ Youth: _____ Children: _____

What is the average attendance for Sunday School? _____

What is the average attendance for Bible Study? _____

PASTORAL MINISTRY

Visits to the Jails/Prisons:	_____	Visits to Nursing Homes:	_____
Visits to Sick/Shut-In:	_____	Visits to Hospitals:	_____
Number of Funerals Conducted:	_____	Communion to Shut-in:	_____
Number of Marriages Performed:	_____	Community Meetings:	_____
Number of Counseling Sessions held:	_____		

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PASTOR'S REPORT (Continued)

PASTORAL LEADERSHIP

Number of Exhorters:	_____	Number of Local Preachers:	_____
Number of Local Deacons:	_____	Number of Local Elders:	_____
Number of Traveling Deacons:	_____	Number of Traveling Elders:	_____
Training Sessions Conducted:	_____		_____

How are the Connectional Programs and Ministries promoted in the local church? Described the means: _____.

Are there plans to observe the founding of the CME Church? _____.

Are there any legal issues pending? Yes _____ No _____. If yes, what are they and how are they being addressed? _____.

Has a copy of the CME Church Sexual Harassment Policy been presented to all church employees? _____.

Have all incidents of concerns been reported to the Presiding Elder or proper authority? _____.

Have all Insurance Claims been properly filed? _____.
If yes, what is the status of the claim? _____.

What social and civic activities are you involved in? _____.

What are your goals for this Conference year? _____.

Does your local church have a midweek bible study? _____ Prayer meeting? _____
Who conducts them? _____.

Has an annual Church Calendar been developed and approved and where are copies? _____.

Has annual Church Budget been developed and approved and where are copies? _____.

Describe the general condition and spiritual state of the local Church: _____.

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PASTOR'S COMPENSATION

Has the Pastor's Salary been set for this conference year? _____.

If so, provide the yearly salary: _____.

List all other benefits and the amounts such as insurance, travel, etc. _____.

Was the Pastor's pension paid last conference year? _____ If so, what amount was paid? _____.

Are you a full-time Pastor or do you have a supplementary salary? _____. If there a second job, how many hours are you required to work each week? _____.

PERSONAL DEVELOPMENT

Books Read: _____.

Educational Meetings/Seminars: _____.

If enrolled in one of the following, please note and list location. Full Time _____ Part Time _____

Continuing Education: _____ Where: _____

College: _____ Where: _____

Seminary: _____ Where: _____

Please note your participation in the following where applicable:

Did you attend the Leadership Training School? _____

Did you attend and participate in the Annual Conference? _____

Did you attend and participate in the Annual CME Convocation? _____

Did you attend the Ministers Retreat? _____

Did you attend the Pastors Conference? _____ Are you registered? _____

Did you attend and participate in District Meetings/Conference? _____.

Remarks regarding your ministry at the Church: _____.

Submitted:

Pastor in Charge: _____
(Name of Pastor)

Presiding Elder: _____
Rev. Dr. Curlee L. Adams

Presiding Bishop _____
Bishop Sylvester Williams, Sr.

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PASTOR'S _____ QUARTER REPORT**

DATE: _____

CHURCH: _____

Have you made a spiritual evaluation of each officer to be presented for the New Conference year? _____.

Have you trained the officers to be presented for the New Conference year? Yes: _____ No: _____

When does your Church Conference meet? _____

When does your Official Boards meet? _____

THE FOLLOWING QUESTIONS WILL BE ASKED DURING THE QUARTER:

Do you have any persons to be licensed as an exhorter or as a local preacher? If so, call the Presiding Elder to schedule testing prior to the quarter and provide a typed list with names, addresses and telephone numbers at the meeting: _____.

What is the slate of your officers for the new conference year? (Attach a typed list of officers including their names, addresses and telephone numbers) _____.

What persons have been voted by the church conference to serve as Annual Conference Delegates, to be certified during this quarter? (List names in the space below, attach a typed list including their names, addresses and telephone numbers).

_____.

List the persons recommended to be presented to the Committee on Ministerial Examination Committee of the Annual Conference. List the names in the space provided below, attach a typed list including their names, addresses and telephone numbers).

Do you maintain a Progress File on your local preachers and preachers on trial? _____
Where are the files located? _____.

Do you maintain a file on all Baptisms and Confirmation of Members? _____
Where are the files located? _____

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PASTOR'S _____ QUARTER REPORT (Continued)**

Submitted:

Pastor in Charge: _____
(Name of Pastor)

Presiding Elder: _____
Rev. Dr. Curlee L. Adams

Presiding Bishop _____
Bishop Sylvester Williams, Sr.