

THE MACON/BARNESVILLE DISTRICT
Exhorter/Local Preacher/Local or Traveling/ Deacon/Elder
QUARTERLY CONFERENCE REPORT

Name: _____ Date: _____
 Exhorter ___ Local Preacher: ___ Local or Traveling: ___ Deacon: ___ Elder: ___
 Church: _____

Presiding Elder Jane E. Thomas and members of the _____ Quarterly Conference, it is a blessing to submit this report for the quarter beginning _____ and ending _____.

Do you own a Discipline? Yes _____ No _____
 Do you subscribe to the Christian Index? Yes _____ No _____
 Do you have daily private devotions? Yes _____ No _____

Do you attend the following?

Morning Worship?	Yes ___	No ___	Church Conference?	Yes ___	No ___
Sunday School?	Yes ___	No ___	Bible/Prayer Meeting?	Yes ___	No ___
Official Board?	Yes ___	No ___	Annual Conference?	Yes ___	No ___
District Conference	Yes ___	No ___	District Meeting?	Yes ___	No ___
District Function	Yes ___	No ___			
Ministers Training (Local/ District)	Yes ___	No ___			

If no, state the reasons and if your pastor excused you: _____

Pastoral Ministry:

Visits to the Jail/Prison	___	Nursing Homes	___	Visits to Sick/Shut-in	___
Hospitals	___	Visits to the inactive	___	Un-churched	___

Personal Development:

Books read _____ Educational Meetings/Seminars _____

If enrolled in one of the following, please note where:

Continuing Education: _____ Seminary: _____

Remarks regarding your ministry:

Submitted by:

 _____ Exhorter /Local Preacher/Local or Traveling Deacon / Elder
 _____ - Pastor in Charge
 _____ - Presiding Elder
 _____ - Presiding Bishop
