

**CHRISTIAN METHODIST EPISCOPAL CHURCH
SIXTH EPISCOPAL DISTRICT
Bishop Othal H. Lakey, Presiding Prelate**

**GEORGIA NORTH REGION: ATLANTA/ROME | AUGUSTA/THOMSON | ELBERTON/GAINESVILLE
CENTRALGEORGIA NORTH REGION: MACON/BARNESVILLE | FORT VALLEY/SAVANNAH
WEST GEORGIA REGION: NORTH COLUMBUS/LAGRANGE | SOUTH COLUMBUS/CORDELE
SOUTH GEORGIA REGION: ALBANY/THOMASVILLE | MOULTRIE/MCRAE/BRUNSWICK**

PASTOR'S QUARTERLY CONFERENCE FORM

DATE _____ CHURCH _____

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

Pastor's General Statement:

What are those significant events that have happened at your church since the last Quarter?

STATISTICAL REPORT

MEMBERSHIP

Infants baptized _____	Youth baptized _____	Adults baptized _____
Converts added _____	Added otherwise _____	Lost by death _____
Lost sight of _____	Removed _____	Transferred _____
Cradle roll _____	Preparatory _____	Affiliate/Associate _____
Full members _____		

TOTAL MEMBERSHIP AT PRESENT _____

PASTORAL MINISTRY

Hospital visits _____	Jail/Prison _____	Nursing Home _____
Sick/Shut In _____	Funerals _____	Marriages _____

PASTORAL LEADERSHIP

Exhorters _____
Local Preachers _____
Local Deacons _____
Local Elders _____
Training Sessions _____

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PASTOR'S QUARTERLY CONFERENCE FORM (con't)

Are the Connectional programs and ministries promoted in the local Church? Yes No If yes, describe how this is accomplished _____

Does your local Church have a Midweek Bible Study and Prayer Meeting? Yes No If yes, who conducts it? _____

Describe the general condition and spiritual state of the Church _____

Has the Pastor's salary been set for this Conference Year? Yes No If yes, what is the payable amount? _____

Are you a full time pastor? Yes No If no, do you have a supplementary salary? Yes No If there is a second job, how many hours are you required to work per week? _____

PERSONAL DEVELOPMENT

Number of books read _____

Number of educational meetings/seminars attended _____

Are you enrolled in any of the following?

Continuing Education Yes No Where? _____

College Yes No Where? _____

Seminary Yes No Where? _____

Did you attend any District Workshops? Yes No

Did you attend and/or participate in the Annual Conference Yes No

Did you attend and/or participate in the CME Convocation Yes No

**PASTOR'S FOURTH QUARTERLY CONFERENCE REPORT APPENDIX
(OR WHICH QUARTER THIS WORK IS COMPLETED)**

Have you made a spiritual Evaluation of Each Officer to be presented for the New Conference Year? Yes No

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 Board meet? _____

THE FOLLOWING QUESTIONS WILL BE ASKED DURING THE QUARTERLY CONFERENCE:

Do you have any persons to be Licensed as an Exhorter, or as a Local Preacher, if so, list and give their name(s), address(es), and telephone number(s).

NAME

ADDRESS

TELEPHONE NUMBER

Do you have any persons who need their License to be renewed, if so, list and give their name(s), address(es), and telephone number(s).

NAME

ADDRESS

TELEPHONE NUMBER

What is the slate of Your Officers for the New Conference Year? Submit a typed list of Officers, addresses and telephone numbers.

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PASTOR'S QUARTERLY CONFERENCE FORM (con't)

What Persons have been voted by the Church Conference to serve as Annual Conference Delegates, to be certified at this Quarterly Conference: (List names of those persons below and submit a typed list of names, addresses, and telephone numbers.

Delegates

Alternates

List the recommendations for the Committee on Ministry of the Annual Conference? List below and submit a typed list of name(s), address(es) and telephone number(s).

Listed deceased members for this Conference Year.

Submitted,

_____ Pastor in Charge

_____ Presiding Elder

_____ Presiding Bishop