

# Southern New England District of the Assemblies of God

## Monthly District Affiliated Church and Pastor's Report

Pastor's Name \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

**Please Circle Report Month:** Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

### Church Report

Salvations	
Water Baptisms	
Holy Spirit Baptisms	
Local Visitors	
New Adherents	

### Pastor's Ministry Report

Relational & Ministry time with Congregation	
Home Groups	
Community Activities	
Evangelism	
Total hours spent with unchurched?	

### Pastor's Financial Report

<i>This Months Personal Income</i>	
Salary	
Housing Allowance	
Insurance	
Mileage	
(Other) Specify on Back	

### Average Attendance

Sunday School	
Sunday AM Service	
Sunday PM Service	
Midweek Service	
Prayer Meetings	

### Personal Spiritual Ministry

Daily Worship, Prayer, & Study Time?	
Relational time spent with other pastors?	
Receiving Personal Ministry?	
Are you being Mentored, Trained, Reading Books, Education, etc.?	

### Church Health

Next Step Leadership Training	
Natural Church Development	
Discipleship Training	
Missions Convention	
Barnabas & Paul	

### Administration

Last Board Meeting	
# of trained church workers?	

## CHURCH FINANACIAL SUMMARY

	General Fund	Building Fund	Missions Fund	Other
Opening Balance				
Income				
Expense				
Closing Balance				

District 1% Offering Current? \_\_\_\_\_ Amount Sent? \_\_\_\_\_ Overdue Bills? \_\_\_\_\_ (If yes, explain on back)

**\*\*PLEASE INCLUDE PRAISE REPORT ON THE BACK OF THE FORM OR ATTACH TO THE FORM\*\***

Signed by Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Pastors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SNED USE ONLY    \_\_\_ DS    \_\_\_ DST    \_\_\_ DCD    DATE RECV \_\_\_\_\_ ENTERED: \_\_\_\_\_

**\*Remember – We want to hear how you are doing as well as how the Holy Spirit is moving in your church.\***

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