

Southern New England District of the Assemblies of God

Monthly Home Missions 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	

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

Administration	
Last Board Meeting	
# of trained church workers?	

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

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.?	

Pastor's Financial Report	
<i>This Months Personal Income</i>	
Salary	
Housing Allowance	
Insurance	
Mileage	
(Other) Specify on Back	

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

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.

Please download, complete, save and email to sharon@snemn.com