THE CHRISTIAN METHODIST EPISCOPAL CHURCH
QUARTERLY CONFERENCE REPORT
PASTOR’S REPORT

DATE: _________________________  CHURCH: ______________________________________

Presiding Elder _________________________ 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 on 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/Prison: __________ 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 __________
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: ___________ Number of Local Elders: ___________

How are the Connectional Programs and Ministries promoted in the local church? Describe the means:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Are there plans to observe the founding of the C.M.E. 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 concern 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 an annual Church Budget been developed and approved and where are copies?
_________________________________________________________________________________

Describe the general condition and spiritual state of the local Church:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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 conf. year? ________ if so, what amount was paid? __________
Are you a full-time pastor or do you have a supplementary salary? If there is 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 _______________________________________________________________
Presiding Elder _______________________________________________________________
Presiding Bishop _______________________________________________________________

3