

SOUTH LEEWARD MISSION OF SDA

Family Life Ministry Report

FOR THE PERIOD ENDING: _____ 20 _____

Name of Church: _____ Pastor: _____

Mailing Address: _____

Family Life Ministry Leader: _____

Present Membership: _____

Active Membership: _____

Please indicate with a {check} the areas from the following list in which you have executed programs/seminars/workshops etc. Also indicate by a number next to each entry how many of these programs you have had for the period you are reporting for:

- | | | |
|---|---|--|
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Family Worship | <input type="checkbox"/> Family Life Evangelism Training |
| <input type="checkbox"/> Single Parenting | <input type="checkbox"/> Communication in Marriage | <input type="checkbox"/> Family Day |
| <input type="checkbox"/> Relating to Parents-for
Teens | <input type="checkbox"/> Sexuality in Marriage | <input type="checkbox"/> Marriage Enrichment Seminar |
| <input type="checkbox"/> Dating Relationships | <input type="checkbox"/> Mid-life Transitions | <input type="checkbox"/> Family Life Revivals |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Family Week - % of Church Participating |
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Family Sponsored Projects |
| <input type="checkbox"/> Conflict Management | <input type="checkbox"/> Sex Education | <input type="checkbox"/> Family Life Small Groups |
| <input type="checkbox"/> Dealing With Anger | <input type="checkbox"/> Family Finance | <input type="checkbox"/> Counseling Centers |
| <input type="checkbox"/> Two Career Family | <input type="checkbox"/> No. of Adventist Men's Group | <input type="checkbox"/> Local Family Ministries Leaders' Training
Sessions |
| <input type="checkbox"/> Abuse in the Family | <input type="checkbox"/> Adventist Men's Projects | <input type="checkbox"/> Joint Programs with NGO's or Social
Services |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Men's Seminars | <input type="checkbox"/> Divorce and Recovery |
| <input type="checkbox"/> Planning for Retirement | <input type="checkbox"/> Preparing for Marriage | <input type="checkbox"/> Family Life Crusades |

Other Activities Executed:

No of persons baptized as a direct result of Family Ministries: _____

What plans do you have for the coming period? _____

List the names of persons who made Family Life presentations and the areas:

1. _____
2. _____
3. _____
4. _____

Names of persons who conducted crusades/revivals and their results:

1. _____
2. _____
3. _____
4. _____

Other Comments:

Signature – Family Life Ministry Leader: _____

Address: _____

E-Mail Address: _____

Telephone Number: _____

THIS REPORT IS DUE:

First Quarter: April 15th

Third Quarter: October 15th

Second quarter: July 15th

Fourth Quarter: January 15th