



## **Minister's Quarterly Report**

*This form is to be filled out by every clergy member of the diocese in December, March, and June, prior to the clergy conference.*

Quarter: *(First, Second, Third)* \_\_\_\_\_

Minister's Name: \_\_\_\_\_

Church: \_\_\_\_\_

Please list any information you'd like to make the bishop aware of regarding your congregation, personal development, needs, or concerns. These can be related to events of the previous quarter or the upcoming quarter.

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- Our congregation has supported the auxiliary organizations of the diocese to the best of your congregation's ability.

\_\_\_\_\_  
Minister's Name

\_\_\_\_\_  
Minister's Signature