

# STUDENT PASTOR'S REPORT

Name of Church \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Month \_\_\_\_\_

Year \_\_\_\_\_

Cell & Email \_\_\_\_\_

Email your completed form to the Conference Office to: Elder Eddie Polite, Ministerial Director, epolite@swrgc.org	Southwest Region Conference P. O. Box 226289   Dallas, Texas 75203 214-943-4491
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Date	Place & Type of Meeting	Miles	Attendance	Sermons Preached	SDA Visited	Non-SDA Visited	Baptisms
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

How many Sabbath mornings were you in your church(es)? \_\_\_\_\_

How many Sabbath afternoons were you in your church district? \_\_\_\_\_

How many mid-week meetings did you attend in your church(es)? \_\_\_\_\_

Did you spend a Sabbath afternoon with your pastor this month? \_\_\_\_\_

Objectives accomplished this month:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Objectives for next month:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Current Bible Studies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Student Pastor's Signature

\_\_\_\_\_  
District Pastor's Signature

\_\_\_\_\_  
Religion Faculty's Signature

\_\_\_\_\_  
Southwest Conference Ministerial's Signature

Student Pastor is required to attend Sabbath School, Church and Prayer Meetings 3 of 4 weeks a month, September - April.