

Southwest Region Conference SDA Church  
**Community Service Monthly Report Form**  
(Due by the 10<sup>th</sup> of next month)

**A. Contact Information**

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Sponsoring Church \_\_\_\_\_ City, State \_\_\_\_\_

Name of Organization \_\_\_\_\_

Your name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



**B. Services**

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Do you partner with any Non-Adventist agencies? List them here. \_\_\_\_\_

\_\_\_\_\_

**C. Reporting**

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Use the following criteria when reporting each event. **An example is shown below.**

*Total Clients served, Total active volunteers, Total volunteer hours, Pounds of food dispensed, Items of clothing dispensed, Items of furniture dispensed, Total counseling sessions held, Days of van operations, Total individuals transported, Total monetary grants made, Total job training sessions held, Job placements made, Total individuals enrolled in tutoring program*

Date 08/06/14 Event Name Back-to-School Location Northside Community Park  
8400 Tidewater Drive, Norfolk, VA 23505

Description Distributed 100 backpacks to 100 clients. (Backpacks contained: 1 pack of #2 pencils, 2 notebooks, a 3-ring binder, a pack of loose-leaf paper, 1 pair of scissors, 1 glue, 1 pack of crayons, pens, 1 ruler, 1 toothbrush, 1 toothpaste and hand sanitizer). 20 volunteers served 4 hours each, a total of 80 volunteer hours.

Date \_\_\_\_\_ Event Name \_\_\_\_\_ Location \_\_\_\_\_

Description \_\_\_\_\_

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Date \_\_\_\_\_ Event Name \_\_\_\_\_ Location \_\_\_\_\_

Description \_\_\_\_\_

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Date \_\_\_\_\_ Event Name \_\_\_\_\_ Location \_\_\_\_\_

Description \_\_\_\_\_

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Date \_\_\_\_\_ Event Name \_\_\_\_\_ Location \_\_\_\_\_

Description \_\_\_\_\_  
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Date \_\_\_\_\_ Event Name \_\_\_\_\_ Location \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following services did your church offer to the community this month? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Adopt a grandparent        | <input type="checkbox"/> Grief recovery            |
| <input type="checkbox"/> Adult day care             | <input type="checkbox"/> Health appraisals         |
| <input type="checkbox"/> Advocacy services          | <input type="checkbox"/> Homeless shelter          |
| <input type="checkbox"/> Afterschool program        | <input type="checkbox"/> Immigration assistance    |
| <input type="checkbox"/> Alcohol & drug education   | <input type="checkbox"/> Job-finding service       |
| <input type="checkbox"/> Big Brother/Sister         | <input type="checkbox"/> Literacy program          |
| <input type="checkbox"/> Blind services             | <input type="checkbox"/> Meals on Wheels           |
| <input type="checkbox"/> Branch Sabbath School      | <input type="checkbox"/> Money Management          |
| <input type="checkbox"/> Child care                 | <input type="checkbox"/> Parenting                 |
| <input type="checkbox"/> Children's story hour      | <input type="checkbox"/> Preparing for Baby        |
| <input type="checkbox"/> Clothing/bedding program   | <input type="checkbox"/> STD/HIV/AIDS Prevention   |
| <input type="checkbox"/> Community garden           | <input type="checkbox"/> Senior citizens group     |
| <input type="checkbox"/> Cooking class (healthy)    | <input type="checkbox"/> Sewing class              |
| <input type="checkbox"/> Deaf services              | <input type="checkbox"/> Shelter during a disaster |
| <input type="checkbox"/> Disaster training          | <input type="checkbox"/> Stress management         |
| <input type="checkbox"/> Divorce recovery seminar   | <input type="checkbox"/> Stop smoking program      |
| <input type="checkbox"/> Domestic violence program  | <input type="checkbox"/> Soup kitchen              |
| <input type="checkbox"/> Exercise/Weight management | <input type="checkbox"/> Suicide prevention        |
| <input type="checkbox"/> Families of prisoners      | <input type="checkbox"/> Tax assistance            |
| <input type="checkbox"/> Family counseling          | <input type="checkbox"/> Teen pregnancy            |
| <input type="checkbox"/> Fatherhood                 | <input type="checkbox"/> Transitional housing      |
| <input type="checkbox"/> First aid class            | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Food Pantry                | <input type="checkbox"/> Tutoring                  |
| <input type="checkbox"/> Foster parents             | <input type="checkbox"/> Vision clinic             |
| <input type="checkbox"/> GED Classes                | <input type="checkbox"/> Other _____               |

*If you are interested in providing any of the above services to your community and would like more information on getting started, please circle that service. Thank you for your dedication and faithfulness!*