

**KASAMA CENTRAL CHURCH
ADVENTIST YOUTH QUARTERLY REPORT - 2017**

 Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**
Fill all information required for this quarter
1. Membership

Groups/Classes	Membership	Attendance	Comments
Senior Youth			
Ambassadors			
Pathfinders			
Adventurers			
Totals			

2. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

3. Number of Departmental/Youth Council meetings Held _____
4. Number of Community Service/Open Air Preaching Activities _____
5. Nature and Place of Community Service _____
6. Number and Nature of recreational activities done _____
7. Number of active progressive classes _____ Investiture Ceremony done [] Yes [] No

Lessons/Honours covered _____

8. Number of Prayer and Fasting days held _____ No. of Participants _____

Weeks of Prayer held _____ Attendance _____

9. Number of Lessons on Church Doctrine _____

Area of Church Doctrine covered _____

10. Number of Lessons on Illicit materials _____

Area of illicit materials covered _____

11. Any Comments/Suggestions/Recommendations

Adventist Youth Secretary _____ Signed _____ Date _____

Adventist Youth Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____



KASAMA CENTRAL CHURCH
CAMP MEETING QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

2. Number of Departmental/Committee meetings Held _____

3. Number of Bible Studies on Camp Meeting conducted _____

4. Submission of Camp Meeting working budgets done [] Yes [] No

If yes, when _____ Approval Date _____

5. Areas of improvement for Camp Meeting _____

6. Building of additional Toilet block done [] Yes [] No

Status on Building _____

7. Any Comments/Suggestions/Recommendations

Camp Meeting Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____



KASAMA CENTRAL CHURCH

CHURCH BUILDING AND INFRASTRUCTURE DEVELOPMENT (CBID) QUARTERLY REPORT - 2017

Reporting period (please tick): 1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()

Fill all information required for this quarter

Activities	Status on Project	Comments
a) Finalize works on church school and baptism pool	a) _____	a) _____
b) Construction of Water reticulation system	b) _____	b) _____
c) Landscape the Church surrounding	c) _____	c) _____
d) Fixing of Tiles in Church	d) _____	d) _____
e) Wall Fence construction	e) _____	e) _____
f) Purchase a Church Plot for new company	f) _____	f) _____
g) Repainting of Church Building	g) _____	g) _____
h) Assistance to Chilufya Branch	h) _____	h) _____

Any comments/Suggestions/Recommendations _____

CBD Secretary _____ Signed _____ Date _____

CBD Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
CHILDREN MINISTRIES QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Children Membership Records

Age Groups (No. of Children)	Last Quarter	This Quarter	Variance/Comments
Earliteens (13 - 15 years)			
Junior (10 - 12 years)			
Primary (6 - 9) years			
Kindergarten (3 - 5 years)			
Beginner (0 - 2 years)			
Total Registered Membership			

2. Number of Seminars/Workshops/Training conducted/attended _____

Area of Training _____

Number of Persons trained _____

3. Number of Departmental/Committee Meetings Held _____

4. Number of Children Days Held _____

5. Sustaining of Children's Choir done [] Yes [] No

6. Provision of Tithe Envelopes [] Yes [] No No. of Envelopes _____

7. Number and Titles of Literature on Evangelism provided for Children _____

8. Number and Nature of recreation activities: _____

9. Purchase of playing materials done [] Yes [] No

If yes, type of material procured _____

10. Any Comments/Suggestions/Recommendations

Children Ministries Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
CHURCH ELDERS QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Elders Board meetings Held _____
3. Number of prayer and fasting programmes _____
4. Number of fellowship bands: Operational _____ Revived _____ New _____
5. Number of member baptized from baptism class _____
6. Preaching programme prepared [] Yes [] No if yes, date _____
7. Vespers programme prepared [] Yes [] No if yes, date _____
8. Formation and operationalize prayer band done [] Yes [] No
9. Insurance of Church property done [] Yes [] No
10. Communion Service held [] Yes [] No if yes, when _____
11. Promotion of Camp meeting done [] Yes [] No If yes, when _____
12. Any Comments/Suggestions/Recommendations

Elders' Board Secretary _____ Signed _____ Date _____

Head Elder _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
CHURCH CLERKS QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Church Membership Statistical Records

Church Membership Changes	Last Quarter	This Quarter	Variance/Comments
No. of Transfer In			
No. of Transfer Out			
No. of Baptisms			
No. of Dropped/Removed Names			
Church Membership at end of quarter			

2. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

3. Number of Departmental meetings Held _____

4. Preparation and Approval of Church Board & Business Minutes done [] Yes [] No

Dates minutes presented to Board & Business:

1st Month _____ 2nd Month _____ 3rd Month _____

5. Ensure timely implementation of Church resolutions through an action sheet done [] Yes [] No

6. Maintenance of an incoming and outgoing correspondence register done [] Yes [] No

7. Maintain an archive of all church records done [] Yes [] No If yes, when _____

8. Maintain an accurate asset register done [] Yes [] No If yes, when _____

9. Maintain an effective filing system done [] Yes [] No If yes, when _____

10. Maintain an accurate and current membership register done [] Yes [] No

If yes, when _____

11. Distribute departmental report forms done [] Yes [] No If yes, when _____

12. Any Comments/Suggestions/Recommendations

Head Clerk _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
COMMUNICATION QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental/ meetings Held _____
3. Nature of new sustainable and appropriate media identified _____
Programmes linked to new media _____
4. Number of weekly bulletins published _____
5. Number of quarterly newsletter published _____
6. Number of Audio Visual Equipment operators identified _____
7. Number of Audio Visual Equipment operators trained _____
8. Opening of Church Website done [] Yes [] No
9. Purchase of digital camera done [] Yes [] No
10. Purchase of Wall mountable screen done [] Yes [] No
11. Purchase of additional PA system done [] Yes [] No if yes, when _____
12. Maintenance of billboards done [] Yes [] No if yes, when _____
13. Any Comments/Suggestions/Recommendations

Committee Secretary _____ Signed _____ Date _____

Communication Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
DEACONS QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Deacons Board meetings Held _____
3. Purchase of Cleaning Equipment done [] Yes [] No if yes, type _____
4. Purchase of Curtains done [] Yes [] No if yes, when _____
5. Marking of church property done [] Yes [] No If yes, when _____
6. Physical verification of church property done [] Yes [] No If yes, when _____
7. Maintenance of accurate inventory list done [] Yes [] No
8. Maintenance of Church surrounding done [] Yes [] No
9. Number of Visitations to needy members, at home _____ in hospital _____
10. Number of assistance need cases attend to _____
11. Number of procured baptismal towels _____ and gowns _____
12. Number of procured additional holy communion utensils: Cups _____ Plates _____ Towels _____
Basins _____ Trays _____
13. Any Comments/Suggestions/Recommendations

Deacons Board Secretary _____ Signed _____ Date _____

Head Deacon _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
EDUCATION QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental/Committee meetings Held _____
3. Number of education tours organised _____
Name of place toured _____ No. of Participants _____
4. Number of members linked to social welfare _____
5. Number of motivational talks organized _____
6. Educational Census done [] Yes [] No If yes, when _____
7. Establishment of School Management Board done [] Yes [] No
8. Establish and conduct literacy classes done [] Yes [] No if yes, when _____
9. Establishment of Tuition Centre done [] Yes [] No If yes, when _____
10. Any Comments/Suggestions/Recommendations

Committee Secretary _____ Signed _____ Date _____

Education Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
FAMILY MINISTRIES QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental/ meetings Held _____
3. Number of Home Visitations done _____
4. Sensitization on eventualities such as death, cleansing, inheritance etc. done [] Yes [] No
5. Number of Week of Prayers held _____ No. of Participants _____
6. Number of Bible Studies on Family Unity _____
Area of Family Unity covered _____
7. Number of Lessons on Dangers of Gender Based Violence, Child Abuse etc. _____
Area of Dangers of Gender Based Violence, Child Abuse etc. covered _____
8. Number of Lessons on Divorce and Separation _____
Area of Divorce and Separation covered _____
9. Number of Lessons on Courtship and Marriage _____
Area of Courtship and Marriage covered _____
10. Number of Lessons on Approved Wedding Guidelines _____
Area of Approved Wedding Guidelines covered _____
11. Promote family to family visitations/meals done [] Yes [] No
12. Number of Family Life Social Outings done _____ No. of Participants _____
13. Any Comments/Suggestions/Recommendations

Family Ministries Secretary _____ Signed _____ Date _____

Family Ministries Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
HEALTH MINISTRIES QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental meetings Held _____
3. Number of Health Expos held _____
4. Number and Nature of Cookery Lessons conducted _____

5. Promotion of healthy lifestyle among children done [] Yes [] No
If yes, when _____ Topics covered _____
6. Number of Lessons on importance of body as temple of God _____
Lessons covered _____
7. Number of Lessons on health on topics such as stress mgt, malaria, TB _____
Lessons covered _____
8. Number of Lessons on principles of healthful living such as exercise, proper diet, etc. _____
Lessons covered _____
9. Any Comments/Suggestions/Recommendations

Health Ministries Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
HIV/AIDS COORDINATOR QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental meetings Held _____
3. Participated in the Health Expo [] Yes [] No
4. Number and Nature of moral and material support provided _____

5. Sensitization against stigmatization done [] Yes [] No
If yes, when _____ Topics covered _____
6. Number of Lessons on positive living _____
Lessons covered _____
7. Number of Lessons on Voluntary Counselling and Testing _____
Lessons covered _____
8. Number and Nature of HIV/AIDS Support Groups organized _____

9. Any Comments/Suggestions/Recommendations

HIV/AIDS Coordinator _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____



KASAMA CENTRAL CHURCH

INTEREST COORDINATOR QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter** **2nd Quarter** **3rd Quarter** **4th Quarter**

Fill all information required for this quarter

Interest Coordinator _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
MINISTRY TO PEOPLE WITH DISABILITY QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
2. Number of Committee Meetings Held _____
3. Number of Special Needs Awareness Days held _____
Nature of Programme _____
4. Number of Special Needs Persons identified _____ Baptized Members _____
Nature of Moral Support provided _____
Nature of Material Support provided _____
Number of Persons involved _____
5. Are Church facilities accessible/conducive to all persons with special needs _____
If not, what are the challenges faced _____

6. Number of Sensitization activities done _____
Nature of Sensitization _____
7. Number of Organization liaised with on Special Needs Members _____
Name of Organizations _____

8. Any Comments/Suggestions/Recommendations

MTPWD Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
MUSIC QUARTERLY REPORT - 2017

 Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**
Fill all information required for this quarter
1. Singing Group Membership

Name of Singing Groups	Last Quarter No. of Members	This Quarter No. of Members	Variance/Comments
Kings Trumpeters			
Latter Rain Vocals			
Children's' Choir			
Praise Hymn			
Total Membership			

2. Number of ratified singers joining existing groups _____

3. Number of new singing groups within the quarter _____

4. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

5. Number of Departmental meetings Held _____

6. Number of Music Days held _____

7. Number of New Songs learnt done _____ Indicate, Local Hymn Number (s) _____

8. Number of Singing group visitations _____ No. of Participants _____

Indicate, Place/Church visited _____

9. Promotion of Mass Choir done [] Yes [] No If Yes, How many times _____

10. Purchase of Music Instrument done [] Yes [] No if yes, type _____

11. Any Comments/Suggestions/Recommendations

Committee Secretary _____ Signed _____ Date _____

Music Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
PUBLIC AFFAIRS & RELIGIOUS LIBERTY QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental/Committee meetings Held _____
3. Sensitization on human rights such as freedom of worship/religion done [] Yes [] No
If yes, when _____ Topics covered _____
4. Number of Lessons on Laws and Constitution of Zambia _____
Lessons covered _____
5. Promotion of readership among members of Laws and Constitution of Zambia and Church
Manual done [] Yes [] No
6. Any Comments/Suggestions/Recommendations

PARL Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
PERSONAL MINISTRIES & COMMUNITY SERVICES QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**
Fill all information required for this quarter

A. PERSONAL MINISTRIES

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
2. Number of Personal Ministries Council Held _____
3. Number of Evangelism Days held _____
Nature of Evangelism programme _____
4. Public Campaigns/Crusades: Planned () Already conducted () Number _____
Number of Open Air Preaching conducted _____
Place of Campaign _____
Number of Persons Baptized _____
Number of Persons involved _____
5. Number of active small groups (fellowships bands) _____
Number of Newly established fellowship bands _____ Location: _____
Number of small groups visited _____ Location _____
Number of members participating in fellowship bands _____
Materials studied in the fellowship bands _____
6. Number of Literature Distributed _____
Type of Literature _____
Department/Members involved _____
7. Number of Members identified for guardianship _____
Number of members trained _____
Number of member assigned with guardians _____
Number of new baptized member _____
Number of new converts _____
Number of Persons baptized this year that are still in church _____
8. Number of and Name of Lessons/Bible Studies on Evangelism _____

B. COMMUNITY SERVICES (AMO/DORCAS)

9. Number of Community Service Conducted _____
Type of Community Service conducted _____
Place/Location covered _____
Food given out and value of the same _____
Clothing given out and value of the same _____
10. Number of members visited/counselled within AMO _____ Dorcas _____

11. Number and topics of bible studies conducted within societies _____

12. Number and topics of motivational talks conducted within societies _____

13. Number and Nature of prison ministries programs conducted _____

14. Number of entrepreneurial skills training conducted/attended _____
Area of training _____

15. Training Equipment purchased [] Yes [] No if yes, type _____

16. Number of operational prayer bands with societies _____

17. Number of Prayer and Fasting programmes held within societies _____

18. Any Comments/Suggestions/Recommendations

PM Secretary _____ Signed _____ Date _____

PM Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

**KASAMA CENTRAL CHURCH
PUBLISHING/SPIRIT OF PROPHECY (SOP) QUARTERLY REPORT - 2017**

 Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**
Fill all information required for this quarter

1. Church Library Registered Membership

Registration Membership Groups	Last Quarter	This Quarter	Variance/Comments
Adults (35+ years)			
Youth (16 - 35 years)			
Children (5 - 15 years)			
Total Registered Membership			

2. Number of Seminars/Workshops/Training conducted/attended _____

Area of Training _____

Number of Persons trained _____

3. Number of Departmental/Committee Meetings Held _____

4. Promotion of purchase of SOP Literature [] Yes [] No

 Titles of SOP Books promoted _____

5. Number of Literature Evangelists identified _____

Number of Literature Evangelists trained _____

 6. Number and Titles of suggested books for Departments/Members: _____

 7. Number and Nature of Literature distributed by Members/Departments _____

 8. Any Comments/Suggestions/Recommendations

Publishing/SOP Secretary _____ Signed _____ Date _____

Publishing/SOP Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

**KASAMA CENTRAL CHURCH
SABBATH SCHOOL QUARTERLY REPORT - 2017**

 Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**
Fill all information required for this quarter
1. Membership

Division/Groups	Membership	Attendance	Church Membership	Non - Baptized SS Members	Comments
Adults					
Youth					
Early teens					
Junior					
Primary					
Kindergarten					
Beginners					
Totals					

2. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

3. Number of Departmental/Sabbath School Council meetings Held _____
4. Number of active Sabbath School Classes/Action Units _____

Nature of Action Unit Activities done _____

5. Number of Community Guest days held _____ No. of Guests _____
6. Vocational Bible School held _____ Attendance _____
7. No. of Missing Members in SS classes _____ Number of Followed Up Members _____
8. Mission Story Quarterly Magazine acquired [] Yes [] No
9. Encourage members to visit each other done [] Yes [] No
10. Encourage communal meals as Sabbath School classes done [] Yes [] No
11. Encourage sharing testimonies and experiences done [] Yes [] No
12. Thirteenth Sabbath Gift Presentation done [] Yes [] No

Number and Nature of Gifts presented _____

13. Any Comments/Suggestions/Recommendations

Sabbath School Secretary _____ Signed _____ Date _____

Sabbath School Supt. _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
SAFETY & SECURITY QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental meetings Held _____
3. Sensitization on importance of insurance done [] Yes [] No
If yes, when _____ Topics covered _____
4. Number of Lessons on safety such as road safety, house safety etc. _____
Lessons covered _____
5. Facilitation of Church property insurance done [] Yes [] No
If yes, when _____
6. Ensure repair and proper maintenance of Church property done [] Yes [] No
If yes, when _____
7. Any Comments/Suggestions/Recommendations

Safety & Security Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
TREASURY QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

2. Number of Departmental meetings Held _____

3. Purchase of filing cabinet done [] Yes [] No

4. Production of financial reports done [] Yes [] No

Dates reports presented to Board & Business:

1st Month _____ 2nd Month _____ 3rd Month _____

5. Provide member's participation to Stewardship department done [] Yes [] No

6. Promotion of use of tithe envelopes done [] Yes [] No If yes, when _____

7. Any Comments/Suggestions/Recommendations

Head Treasurer _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
VOICE OF PROPHECY (VOP) QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

2. Number of Departmental Meetings Held _____

3. Number of VOP enrolled Students _____

Number of VOP students that have completed the course _____

Number of VOP students that graduated _____

Number of Persons involved in administering VOP Lessons _____

4. Number of VOP Lesson Sets bought _____

Number of VOP Lesson Sets used _____

Number of VOP Lesson Sets remaining _____

5. Any Comments/Suggestions/Recommendations

VOP Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____

KASAMA CENTRAL CHURCH
WOMEN MINISTRIES QUARTERLY REPORT - 2017

Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()**

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental meetings Held _____
3. Number of revival weeks of prayer held _____
4. Number of retreats conducted _____
5. Women's Training Needs Survey done [] Yes [] No
6. Number and Nature of Bible studies conducted _____

7. Community Programmes such as Neighbourhood Bible Study Groups done [] Yes [] No
If yes, when _____ Topics covered _____
8. Number of Lessons on divorce, grief recovery, gender based violence etc. _____
Lessons covered _____
9. Number of Lessons on management of stress, finances, etc. _____
Lessons covered _____
10. Number of Lessons on friendship and trust for one another among women etc. _____
Lessons covered _____
11. Number of brainstorming sessions conducted _____
12. Number of cookery lessons conducted _____ Topics covered _____

13. Number and Nature of Support Groups organized _____

14. Number of motivation talks organized _____
15. Any Comments/Suggestions/Recommendations

Women Ministries Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____