

Central California Conference

Adventist Community Services Center

Quarterly Report

Center: _____ Quarter: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Director: _____ Phone: _____

E-mail: _____

Sponsoring Church(es): _____

A. Program Statistics

Total clients served _____ Total active volunteers _____

Referrals made to agencies _____ Total volunteer hours _____

Job placements made _____

Cash value of food dispensed _____ Health screenings _____

Cash grant made _____ Total persons screened _____

Items of clothing dispensed _____

Items of bedding dispensed _____ Health classes offered _____

Items of furniture dispensed _____ Total attendance _____

Literature distributed _____

Bible study enrollments _____ Bible classes offered _____

Family counseling sessions _____ Total attendance _____

Other counseling sessions _____

Miscellaneous items _____ Other classes offered _____

Other _____ Total attendance _____

Please send copy to:

Central California Conference Attn: Church Ministries PO Box 770 Clovis, CA 93613