

**Hope United Methodist Church
Council on Ministries Ministry Reporting Form**

Ministry Name: _____

Number of Active Ministry Members: _____

Frequency of Ministry Meetings: monthly ___ bi-weekly ___ weekly ___ other ___

Last Meeting Held: _____

Focus for Current/Upcoming Month (Please Choose From Below):

Missions ___ Evangelism ___ Prayer ___ Fundraising ___

Other (please specify) _____

Note: An Events and Activities Form must be completed and submitted to Finance for review & approval prior to your requesting your Ministry event be added to the monthly calendar. Your Event must also have Clergy Advisor approval prior to bringing event before Council on Ministries.

Current Month Event/ Activity	Purpose/ Role
Upcoming Month Event / Activity	Purpose / Role

COM meeting details & key items shared with Ministry members. Yes ___ No ___

Report Prepared By: _____

Date: _____