

# Christian Service Weekly Activity Report

Please complete this form with your Pastor/Supervisor's signature and return to the office of Carolina Bible College, 9690 Hwy 601, Midland, NC 28107, Phone: (704) 784-4200; Fax: (704) 784-4222

## Activity Report for Week # \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor/Supervisor (please print)

\_\_\_\_\_  
Pastor/Supervisor Signature

### Services Attended

Please Check

\_\_\_\_\_ Sunday School

\_\_\_\_\_ Sunday Morning Service

\_\_\_\_\_ Sunday Evening Service

\_\_\_\_\_ Mid-week Service

\_\_\_\_\_ Soul Winning/Visitation

\_\_\_\_\_ Special Meetings (specify) \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Reason for absence: \_\_\_\_\_

### Personal Devotions

\_\_\_\_\_ Daily Bible Study

\_\_\_\_\_ Regular Prayer Time

\_\_\_\_\_ Personal Witnessing

\_\_\_\_\_ Regular Prayer Time

### Christian Service Participation

\_\_\_\_\_ Altar Worker

\_\_\_\_\_ Bible Club Ministry

\_\_\_\_\_ Bus Captain

\_\_\_\_\_ Bus visitation

\_\_\_\_\_ Children's Church

\_\_\_\_\_ Door-to-Door Visitation

\_\_\_\_\_ Grounds/Building Maintenance

\_\_\_\_\_ Hospital Visitation

\_\_\_\_\_ Jail Ministry

\_\_\_\_\_ Music Director

\_\_\_\_\_ Radio Ministry

\_\_\_\_\_ Tract Distribution

\_\_\_\_\_ Nursery Worker

\_\_\_\_\_ Nursing Home Ministry

\_\_\_\_\_ Preaching

\_\_\_\_\_ Shut-in Ministry

\_\_\_\_\_ Choir

\_\_\_\_\_ Special Music

\_\_\_\_\_ Special Work Days

\_\_\_\_\_ Street Preaching

\_\_\_\_\_ Usher

\_\_\_\_\_ Youth Ministry

\_\_\_\_\_ Sunday School Teacher

\_\_\_\_\_ Other \_\_\_\_\_

### Self-Evaluation

Please summarize on the back the activities in your primary area of Christian service (Sunday School class, bus route, etc.). Please give pertinent details as to time spent, numbers ministered to, contacts made, lessons prepared, results, etc.