

# ANNUAL MINISTRY LOG

## FORM C – MINISTRY ASSESSMENT

To be completed and maintained from the receipt of a local minister's license through ordination. An updated copy should be submitted prior to the Ministry Assessment Event each year.

Name: \_\_\_\_\_

Type of License Currently Held: *(Click to Select)*

MINISTRY POSITION: \_\_\_\_\_

START DATE (Month/Year)	END DATE (Month/Year)	LOCAL CHURCH	SUPERVISOR	HOURS PER WEEK
_____	_____	_____	_____	_____

Describe Basic Responsibilities:

MINISTRY POSITION: \_\_\_\_\_

START DATE (Month/Year)	END DATE (Month/Year)	LOCAL CHURCH	SUPERVISOR	HOURS PER WEEK
_____	_____	_____	_____	_____

Describe Basic Responsibilities:

MINISTRY POSITION: \_\_\_\_\_

START DATE (Month/Year)	END DATE (Month/Year)	LOCAL CHURCH	SUPERVISOR	HOURS PER WEEK
_____	_____	_____	_____	_____

Describe Basic Responsibilities:

