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# BI-MONTHLY REPORT

Department Director: \_\_\_\_\_

Department: \_\_\_\_\_

For Period Ending: (Circle One) Jan - Feb    Mar - Apr    May - Jun    Jul - Aug  
Sept - Oct    Nov - Dec Date Submitted: \_\_\_\_\_

1. Number of persons working in this Dept. during the previous month? \_\_\_\_\_

2. Did you receive any new Support Helps Ministries Applications this month?

a. If "yes", how many \_\_\_\_\_

b. Did you contact each person? \_\_\_\_\_

c. If "no", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Number of persons who joined this Dept. this month (list names on back):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Average attendance (if applicable): Weekly \_\_ Monthly \_\_

5. Difference from previous month (+/-): \_\_\_\_\_

6. Notable or interesting accomplishments/events that took place this month:  
\_\_\_\_\_  
\_\_\_\_\_

7. Approved plans/goals for the upcoming month: \_\_\_\_\_  
\_\_\_\_\_

8. How does this approved plan/goal relate to the vision or growth of this area of ministry? \_\_\_\_\_  
\_\_\_\_\_

9. How can Administration assist you in accomplishing this approved plan/goal?  
\_\_\_\_\_  
\_\_\_\_\_

10. Were members of your team reminded to complete the "JPLCMC Address Up date" if their address, telephone number or name changed? \_\_\_\_\_  
\_\_\_\_\_

The following person(s) joined this area of ministry during this month:

\* Restricted Areas of Ministry-

Remember it is very important to attach the "Volunteer Leave of Absence" form for any member who has requested a leave of absence but has not returned after

**ninety (90) days or more. ALL areas of ministry must report those who have been inactive for ninety (90) days or more but have not submitted a Leave of Absence form.**

**Name:**

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**Address:**

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**Home Phone/Day Phone**

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