Abundant Life Ministries
520 W. Tri-County Blvd.
Oliver Springs, TN 37840

1st	2nd	3rd (Checl	4th k one)	quarter
From_		Per	iod To	

QUARTERLY MINISTRY ACTIVITY REPORT FOR ACCOUNTABILITY REPORTING FOR MAINTAINING COMMISSIONING

Name:	Home Phone:	
Cell:	Office Phone:	
Address:	City	
State:Zip: _	· · · · · ·	
Office Address:		

1. Spiritual Maturity – What steps have you taken to increase and maintain your spiritual maturity during this quarter? What challenges have you had? What victories have you had? Do you need assistance from Abundant Life with any spiritual issues?

2. Emotional Boundaries – How do you maintain healthy emotional boundaries with your counselees and still develop a strong rapport with them? What challenges have you had? What victories have you had? Do you need assistance from Abundant Life?

3. Balancing Career and Home – What have you done to effectively balance the demands of career and home life during this quarter? Provide specific examples that you have found worked well.

4. Please list the six Bible verses you have memorized in the last twelve weeks.

6. Have you participated in regular church attendance, Bible study or devotions and giving to support God's work or Kingdom? Yes or No ______. If not, what do I need to do to change? ______

Quarterly_commissioned_report.docx

7.	I have used the Bible or had devotions at least 5 days per week. Yes or No	If not, what do I
need to	change?	

Are there any concerns or problems that we need to be addressed? 8.

Please list prayer needs / request: 9.

10. Give a brief summary of your ministerial activities. This will be handed into the Board of Directors of ALCCS.

Signature: _____Date: _____

***Mail to address above or fax to 865-435-4796 ***Any questions call 865-435-5706 or email us at abundantlife3@comcast.net