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

1st	2nd	3rd	4th	quarter	
(Check one)					
Period					
From _		7	Го		

QUARTERLY MINISTRY ACTIVITY REPORT FOR ACCOUNTABILITY REPORTING FOR MAINTAINING COMMISSIONING

Name:	Home Phone:
Cell:	Office Phone:
Addres	s: City
State: _	Zip: Office Phone:
Office	Address:
-	Spiritual Maturity – What steps have you taken to increase and maintain your spiritual maturity during this? What challenges have you had? What victories have you had? Do you need assistance from Abundant th any spiritual issues?
-	Emotional Boundaries – How do you maintain healthy emotional boundaries with your counselees and still o a strong rapport with them? What challenges have you had? What victories have you had? Do you need nee from Abundant Life?
3. life dur	Balancing Career and Home – What have you done to effectively balance the demands of career and home ing 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.
5. If not,	I further verify I have recited these verses to at least one other person, from memory. Yes or Nowhat do I need to do to change?
6. work o	Have you participated in regular church attendance, Bible study or devotions and giving to support God's r Kingdom? Yes or No If not, what do I need to do to change?

	I have used the Bible or had devotions at least 5 days per week. Yes change?	
8.	Are there any concerns or problems that we need to be addressed? _	
9.	Please list prayer needs / request:	
	ricase list prayer needs / request.	
Signatu	ure:Date	:

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