

New McKendree Ministry  
Annual Self Assessment  
Fall, 2009

Name of Ministry: \_\_\_\_\_ Activity being evaluated: \_\_\_\_\_

Staff Representative: \_\_\_\_\_

Name of person filling out the form: \_\_\_\_\_

Contact Information: E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(1) Total number of persons actively engaged in accomplishing this ministry during 2009: \_\_\_\_\_

(2) Average number of persons actively engaged in accomplishing this ministry each week: \_\_\_\_\_

(3) Number of persons who have become fully engaged in our discipleship program as a result of this ministry in the past 12 months: \_\_\_\_\_

\_\_\_\_\_  
Please list names here or continue on the reverse side of this form.

(4) Number of persons who have made a profession of faith and/or have been baptized as a result of this ministry in the past 12 months: \_\_\_\_\_

\_\_\_\_\_  
Please list names here or continue on the reverse side of this form.

(5) Please explain the primary purpose of this ministry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(6) Please list additional purposes this ministry serves: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(7) Please list ways this ministry helps our church make NEW disciples of Jesus Christ: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(8) Please list ways this ministry could realign its disciple-making capability in order to make NEW disciples of Jesus Christ with regularity and consistency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(9) Please give estimate of implementation date for proposed realignment, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(10) Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Please use reverse side for additional comments, as needed.)

