

# Annual Report Form Michigan Adventist Community Services



YEAR \_\_\_\_\_

## CENTER INFORMATION

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

Address: \_\_\_\_\_

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

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

Director Phone & Email: \_\_\_\_\_

Day(s) & Hours of Operation: \_\_\_\_\_

## CENTER DATA

Number of Volunteers \_\_\_\_\_

Volunteer Hours \_\_\_\_\_

Income – Church Subsidy \_\_\_\_\_

Income – Individuals \_\_\_\_\_

Income – Corporation/Foundation \_\_\_\_\_

## HOUSEHOLD ASSISTANCE

Bedding \_\_\_\_\_ # of Items

Clothing \_\_\_\_\_ # of Items

Food \_\_\_\_\_ # of items OR \_\_\_\_\_ LBS of food

Cleaning Supplies \_\_\_\_\_ # of Items

Personal Care Items \_\_\_\_\_ # of Items

Diapers \_\_\_\_\_ # of Diapers

Laundry Items \_\_\_\_\_ # of Items

Furniture \_\_\_\_\_ # of Items

Monetary Assistance \$ \_\_\_\_\_

**DISASTER ASSISTANCE**

Clean Up Buckets \_\_\_\_\_ # of Items or Buckets (Please specify)

Personal Care Kits \_\_\_\_\_ # of Personal Care Kits

Kid's Emergency Backpacks \_\_\_\_\_ # of Backpacks

Other \_\_\_\_\_

**COMMUNITY OUTREACH**

Seminars

Titles: \_\_\_\_\_

# In Attendance \_\_\_\_\_

Emotional/Spiritual Care

Services Offered: \_\_\_\_\_

# In Attendance \_\_\_\_\_ # of Sessions \_\_\_\_\_

Other: \_\_\_\_\_

# In Attendance \_\_\_\_\_

Other: \_\_\_\_\_

# In Attendance \_\_\_\_\_

Other: \_\_\_\_\_

# In Attendance \_\_\_\_\_

Bible Studies \_\_\_\_\_

Baptisms \_\_\_\_\_

**OTHER NOTES:** Let us know how your center is doing. Please share your concerns, testimonies, and anything of importance!