

MONTHLY MINISTRY OVERVIEW

All Ministry Overviews are to be submitted to the CCA Office

Note: CCA Office is open Monday thru Thursday

DEADLINE: 3rd Sunday of each Month

DATE: _____

NAME: _____

MINISTRY: _____

General overview of your ministry: Excellent Good Fair Poor (circle one)

Current leaders (if applicable): _____

Have any changes been made? Yes No (circle one)

If yes, please explain: _____

Do any changes need to be made? Yes No (circle one)

If yes, please explain: _____

Ministry Improvement Ideas: _____

Any other information or comments: _____

ANY BUILDING/MINISTRY SUPPLIES NEEDED? _____