



**VIRGINIA ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.**

**REV. DR. PATRICIA A. WORMLEY, PRESIDENT**

**MINISTRY OF SERVICE REPORTING FORM**

**Deadline April 1<sup>st</sup>**

This form should be completed and sent to the Ministry of Service Committee by the date listed below. It should reflect the type of service the local membership has been involved in. Included are state goals, purpose of the project, targeted participants, and the total number of hours spent.

**Name of Council:** \_\_\_\_\_ **Number of Members:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Coordinator of Service:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Service Projects:** \_\_\_\_\_ **Total number of hours spent:** \_\_\_\_\_

(include the number of hours you spent, such as driving, planning and preparation. Multiply the number of hours by the number of members involved in the activities.)

**GOALS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who will benefit?**

\_\_\_\_\_

**How will you measure the success of your project or activity?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activity Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include pictures and workshop materials. Use this form for EACH activity.

**Mail all materials to:**

**Mrs. Regina Mays**  
**29 Liberty Knolls Drive**  
**Stafford, VA 22554**  
**Phone: (540) 538-0338**  
[firstlady@unionbell.org](mailto:firstlady@unionbell.org)