



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

DR. ELLEN JAMERSON, PRESIDENT

MINISTRY OF SERVICE REPORTING FORM

Deadline April 1st

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:

**Elder Sylvia Hathaway
9001 Crumps Hill Road
Quinton, VA 23141
Phone: (804) 932-4548**