



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTISTS
 ADVENTIST YOUTH MINISTRIES DEPARTMENT
 Adventist Medical Cadets
STAFF MONTHLY REPORT



Staff Name: _____ Report Date: _____

Rank: _____ Phone No. _____

Email: _____

Number of Corps in your area _____

Number of Corps under your supervision _____

Number of corps organized this month _____ List them on the lines below:

- a. _____
- b. _____
- c. _____
- d. _____

Section II:

1. How many corps did you visit this month? _____

2. Did you hold a director's meeting this month? _____

3. Number of MCC completing the Master Guide Course? _____

4. Number of Inductions held this month? _____

5. Number of trainings held this month? _____

List trainings provided:

- a. _____
- b. _____
- c. _____
- d. _____

Comments, Suggestions or Problems: _____

 Signature

 Date