

Adventist Community Services Center

Quarterly Report



CENTER _____ QUARTER: _____ YEAR: _____

Address: _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Director: _____ Phone: _____

Sponsoring Church (es): _____

Program Statistics

Total Clients served _____
Referrals made to agencies _____
Job placements made _____
Cash value of food dispensed _____
Cash grants made _____
Items of clothing dispensed _____
Items of bedding dispensed _____
Items of furniture dispensed _____
Literature distributed _____
Bible study enrollments _____
Family counseling sessions _____
Other counseling sessions _____
Other: _____
Other: _____

Total active volunteers _____
Total volunteer hours _____
Health screenings _____
Total persons screened _____
Health classes offered _____
Total attendance _____
Bible classes offered _____
Total attendance _____
Other classes offered _____
Total attendance _____