

**2018 ACP Requested Information**

**Please complete the following questions for the 2017—2018 church year:**

1.. Please list ordained ministers who are members of your church who are **not** currently serving on the church's staff. *Please be sure to include the correct code that indicates their present status.*

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Code</i>

Codes are:

PI—Part Time Interim

CH—Chaplain (Military, Hospital, etc.)

VE—Vocational Evangelist (Preaching, music, etc.)

SW—State Worker (Southern Baptist state agency/institution)

CW—Convention Worker (NAMB, IMB, SBC Seminary or agency)

O—Other church related work

R—Retired Minister

RC—Retired Chaplain

I—Inactive

AW—Association Worker

2. If your church had a change of pastor(s) during the year, list the pastor(s) who left and his forwarding address. *Do not list Interim Pastor(s) or Supply Pastor(s).*

Name of Pastor	Address	City, State, Zip
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3. **Members deceased during the year** (Indicate Mr., Mrs., Miss, Deacon, Ordained Minister, etc.)

Name(s):

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CHURCH NAME \_\_\_\_\_

WACCAMAW ASSOCIATION

4. **Other Mission Project information:** Statistics for many mission projects are not requested on the ACP. To recognize the importance of these contributions, the association would like have this information reported below. Give total number made by your church for each of the following projects:

Prisoner packets \_\_\_\_\_ Ministry Health kits \_\_\_\_\_ Samaritan's Purse Christmas Shoe boxes \_\_\_\_\_

Other \_\_\_\_\_

5. **Vacation Bible School Report:**

Average Daily Attendance: \_\_\_\_\_

Professions of Faith: \_\_\_\_\_

6. Does your church offer any of these ministries?

Weekday Child Care/Day Care	___ Yes ___ No	Divorce Recovery	___ Yes ___ No
Pre-School/Kindergarten	___ Yes ___ No	Deaf Ministry	___ Yes ___ No
After School Program	___ Yes ___ No	Singles Ministry	___ Yes ___ No
Mother's Morning Out	___ Yes ___ No	Celebrate Recovery	___ Yes ___ No
Disaster Relief	___ Yes ___ No	ESL	___ Yes ___ No
Bus Ministry	___ Yes ___ No	Food Pantry	___ Yes ___ No
Multihousing Ministry	___ Yes ___ No	If yes, where? _____	
Other(s) _____			

7. **Additional Contributions:** (Please round to the nearest dollar.)

Total Association Giving (total amount given to the association) \$ \_\_\_\_\_

Janie Chapman Offering (total amount given to the Janie Chapman Offering) \$ \_\_\_\_\_

10. Events of interest during associational year (New Building, Dedications, Ordinations for Ministry, New Ministries, etc.)

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

8. **Church Service Times:**

Sunday morning \_\_\_\_\_

Sunday Evening \_\_\_\_\_

Other \_\_\_\_\_

**RETURN TO ASSOCIATION OFFICE**