

## Quarterly Report Form for Local Officers

### Officer Information:

Mundane Name: \_\_\_\_\_ SCA Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Deputy Name (if any): \_\_\_\_\_ SCA Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

### Office and Group Information:

How long has your group had a Minister of Children? \_\_\_\_\_ years \_\_\_\_\_ months

How long have you served as Minister of Children? \_\_\_\_\_ years \_\_\_\_\_ months

How many children/minors do you currently have in your group?

\_\_\_\_\_ 0-5          \_\_\_\_\_ 6-9          \_\_\_\_\_ 10-12          \_\_\_\_\_ 13 and up

Does your group have a provision in their budget for supplies for your office? \_\_\_\_  
If so, how much? \_\_\_\_\_

Does your group have a newsletter? \_\_\_\_ yes \_\_\_\_ no

If so, do you publish a regular letter to the populace? \_\_\_\_ yes \_\_\_\_ no

Does your group publish a children's section in the newsletter? \_\_\_\_ yes \_\_\_\_ no

**Event Activity Information:**

How many events has your group held in the past quarter? \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Children's Activities: \_\_\_\_ yes \_\_\_\_ no

If yes:

Adults Involved: \_\_\_\_\_

Number of Children Involved: \_\_\_\_\_

Description of Activities:

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Children's Activities: \_\_\_\_ yes \_\_\_\_ no

If yes:

Adults Involved: \_\_\_\_\_

Number of Children Involved: \_\_\_\_\_

Description of Activities:

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Children's Activities: \_\_\_\_ yes \_\_\_\_ no

If yes:

Adults Involved: \_\_\_\_\_

Number of Children Involved: \_\_\_\_\_

Description of Activities:

**Non-Event Activity Information:**

Activity: \_\_\_\_\_

Date: \_\_\_\_\_

Adults Involved: \_\_\_\_\_

Number of Children Involved: \_\_\_\_\_

Description of Activities:

Activity: \_\_\_\_\_

Date: \_\_\_\_\_

Adults Involved: \_\_\_\_\_

Number of Children Involved: \_\_\_\_\_

Description of Activities:

**Please answer the following in detail.**

1. What problems have you had if any in the following areas?

Planning activities at events

Communication with parents

Communication with Kingdom

Reporting requirements

Child participation in activities at events

Maintaining discipline during children's activities

2. What are your three main goals for improving your office in the next quarter?

3. Did you accomplish your goals from the previous quarter?

4. What areas of the Kingdom Ministry of Children office do you think need improvement?

5. What future activities are you planning?