

EAST JAMAICA CONFERENCE   
MEN'S MINISTRIES

**74 Constant Spring Road, Kingston 10**

**QUARTERLY REPORT FORM**

The EJC Men's Ministries Department would like to capture pertinent information regarding activities carried out by the local churches.  
  
Please fill in the relevant information.

1. Report for the period ending\* 2. Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First quarter - January – March \_\_\_\_\_\_\_\_\_\_\_\_

Second quarter - April – June \_\_\_\_\_\_\_\_\_\_\_\_\_

Third quarter - July – September \_\_\_\_\_\_\_\_\_\_\_\_\_

Fourth quarter - October – December \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Which zone are you from? 4. Name of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zone 1 \_\_\_\_\_\_\_\_\_\_\_\_

Zone 2 \_\_\_\_\_\_\_\_\_\_\_\_

Zone 3\_\_\_\_\_\_\_\_\_\_\_\_\_

Zone 4 \_\_\_\_\_\_\_\_\_\_\_\_

5. Name(s) of Men Ministry Leader(s) -------------------------------------------------------------------------------

6. Does your church have a Men’s Ministry committee? Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

7. If yes, does your committee meet on a regular basis? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

8. If yes, does your committee meet on a regular basis?   Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

9. Name(s) of your B.E.A.M.S Ministry leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Did your Men’s Ministry Department have any of the following this quarter?     
(Tick all that apply)

Outreach Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.E.A.M.S Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Men's Forum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Men’s Ministry Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_