

**Central Jamaica Conference of Seventh-day Adventists
Adventist Youth Ministries Quarterly Report Form**

Please complete this form and return it to the Youth Ministries Department of Central Jamaica Conference Department by the 10th of the month following the end of each quarter.

QUARTER: _____ 20 _____
Church: _____ AY Leader: _____
Federation: _____ Pastor/Youth Pastor: _____
Membership: _____
Ages **AJY/Teen** **Senior Youth** **Young Adult** **Adults**
 10-15 16-22 23-35 36 and over

YOUTH PREPARING FOR SERVICE

1. Number of members attending A.Y. programmes/services this quarter _____
2. Did your Society have a council meeting this quarter? Yes No
 b) If yes, state how many _____
3. Number of Missionary contacts made _____
4. Number of literature distributed _____
5. Number of persons helped _____
6. Number of missionary projects done this quarter (Hospital, Prison, Street) _____
7. Number of persons baptized by way of Youth Department initiative _____
8. Please indicate if your society participated in any of the programmes below:
 Week of Prayer Yes No
 Crusade Yes No
 Exchange Programme Yes No
 Youth Day Yes No
9. Did your Society participate in a conference sponsored activity within this quarter? Yes No
 b) Name of Activity: _____

INDUCTION RECORD			
(Please insert the number of club members inducted)			
ADVENTURERS	PATHFINDERS	MASTER GUIDES	SENIOR YOUTH LEADER

INVESTITURE RECORD			
(Please insert the number of club members invested)			
ADVENTURERS	PATHFINDERS	MASTER GUIDES	SENIOR YOUTH LEADER

HONOURS/AWARDS RECORD		
(Please insert the number of club members who have received honours/awards)		
ADVENTURERS	PATHFINDERS	MASTER GUIDES

AY Secretary _____ **Date:** _____

Youth Leader _____ **Date:** _____

Pastor _____ **Date:** _____

First Elder _____ **Date:** _____
 (First Elder in Pastor's Absence)