FORM 11 District

Upper New York Annual Conference

Our mission is to live the gospel of Jesus Christ and to be God's love with our neighbors in all places

Volunteers in Mission and Outreach Report

(Due two weeks prior to Charge/Church Conference)

Church:	Date
Pastor:	
Primary Volunteer in Mi	ission or Mission/Outreach Contact for the congregation:
Name:	Phone:()
Address:	•
UMVIM are clergy and l United Methodist church	dist Volunteers In Mission (UMVIM)? Taity serving locally, nationally or internationally in a ministry endorsed by the host the host partner church or agency, or non-governmental organization. UMVIM serve rches, assist in disaster response and community health and nutrition programs and.
Number of VIM teams o	organized or sponsored by your local church?
Number of people who	participated in a VIM team? Adults Youth
Number of people from denomination, etc.?	your church who participated in a team organized at another UMC, AdultsYouth
Known amount of mone	ey spent on or donated to the project \$
How were the lives and	faith of the volunteers impacted?
How was the life and fai	ith of your congregation impacted?

What impact perceived or measurable did the experience(s) have on the recipients(s)?
OUTREACH
Name any additional outreach programs that your church would like to celebrate.
*Please continue on separate piece of paper if more room is needed.

District

FORM # 11

PLEASE provide your District Office with 2 copies of this form

Name of person completing this form:

District Office sends copy to UNYAC Volunteers in Mission Coordinators:

Donna & Roger Cullen

9 Fox Hollow, Ionia, NY 14475-9704

Blessings on all who are a Christian presence to those who are served by these ministries for "The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me." Matthew 25:40