The Anglican Diocese of South Carolina
P. O. Box 20127, Charleston, SC, 29413
843-722-4075
Return form to: nancya@adosc.org

Parochial Contact Information-For the Calendar Year 2020

Name of Church:_____ Twitter URL: _____
Office Telephone #_____ Facebook Page URL: _____
Mailing Address: _____ Website Address: _____
City & Zip Code:_____ E-MAIL _____
Physical Address if different from mailing address: _____

When the officers of your Vestry or Mission Committee for the year 2020 have been elected or appointed, please fill out this form and return it to Nancy Armstrong at nancya@adosc.org

Clergy Name: _____
Address: _____
Home Telephone: _____Cell:_____
E-mail:_____

Clergy Assistant Name: _____
Home Address: _____
Home Telephone: _____Cell: _____
E-mail: _____

Clergy Assistant Name: _____
Home Address: _____
Home Telephone: _____Cell: _____
E-mail: _____

Clergy Assistant Name: _____
Home Address: _____
Home Telephone: _____Cell: _____
E-mail: _____

Clergy Assistant Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____
E-mail: _____

Vocational Deacon Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____
E-mail: _____

Sr. Warden Name: _____
Home Address: _____
Home Telephone: _____Cell: _____Bus:_____
E-mail: _____ Term Ending Date: _____

Jr. Warden Name: _____
Home Address: _____
Home Telephone: _____Cell: _____Bus:_____
E-mail: _____ Term Ending Date: _____

Clerk of Vestry Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____ Bus: _____
E-mail: _____

Parish Administrator Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____
E-mail: _____

Parish Chancellor Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____
E-mail: _____

Communications Contact Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____
E-mail: _____

Organist Name: _____
Home Address: _____
Home Telephone: _____ Cell: _____
E-mail: _____

Church Treasurer Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Property/Liability/Workman's Comp. Insurance Contact: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____

Is your Treasurer a member of the Vestry? ___ (yes) ___(no)

Please list below ALL other Vestry members and notify the Diocesan office of any changes during the year.
Annual Meeting Month: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name :_____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

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Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name:_____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Name: _____
Home Address: _____
Home Telephone: _____Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: _____

Any other additional information: _____

_____

_____

_____

_____

Number of Employees working an average of less than 20 hrs. per week _____
Number of Employees working an average of 20-29 hrs. per week _____
Number of Employees working an average of 30 or more hrs. per week _____

Have all those required to have the Safeguarding God's Children training done so within the last three years? Yes_____ No____

Have all employees received training in the last three years in harassment in the workplace?
Yes_____ No _____

Please indicate if you would like assistance in providing training in:
Abuse prevention _____
Harassment prevention _____

Has your congregation completed and reported to the Diocese an audit for the previous year?
Yes_____ No _____

Completed by: _____Date: _____

Daytime Phone Number: _____