**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 2021

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 2021 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: _____

**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: _____

**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: _____