

**The Anglican Diocese of South Carolina**

P. O. Box 20127, Charleston, SC, 29413

843-722-4075

Return form to: [nancya@adosc.org](mailto:nancya@adosc.org)

## Supplemental Diocesan Form-For the Calendar Year 2023

**PLEASE TYPE ALL ANSWERS.**

**Name of Church:** \_\_\_\_\_ **City:** \_\_\_\_\_

**When the officers of your Vestry or Mission Committee for the year 2023 have been elected or appointed, please fill out this form and return it to Nancy Armstrong at [nancya@adosc.org](mailto:nancya@adosc.org)**

**Clergy Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Clergy Assistant Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Clergy Assistant Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Clergy Assistant Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Clergy Assistant Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Vocational Deacon Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Sr. Warden Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

**Jr. Warden Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

**Parish Administrator Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parish Chancellor Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Communications Contact Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Church Treasurer Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_

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

**Property/Liability/Workman's Comp Staff Insurance Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please list below ALL Vestry members and notify the Diocesan office of any changes during the year.**

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_

E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_

**Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

**Name :** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

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E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

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E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

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Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

**Name:** \_\_\_\_\_  
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Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

**Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Term Ending Date: mm \_\_\_ dd \_\_\_ yy \_\_\_\_\_

**For the Following, Complete all that apply. Salary information is for non-clergy only:**

**Children's Ministry Contact Name:** \_\_\_\_\_  
Home Address : \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email : \_\_\_\_\_  
Is this a paid position: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ PT\_\_\_FT\_\_\_ If yes, enter 2022 annual salary: \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Youth Ministry Contact Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email: \_\_\_\_\_  
Is this a paid position: \_\_\_yes \_\_\_ no PT\_\_ FT\_\_ If yes, enter 2022 annual salary \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Adult Faith Formation Contact Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email: \_\_\_\_\_  
Is this a paid position: \_\_\_yes \_\_\_ no PT\_\_ FT\_\_ If yes, enter 2022 annual salary \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Marriage Ministry Contact Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email: \_\_\_\_\_  
Is this a paid position: \_\_\_yes \_\_\_ no PT\_\_ FT\_\_ If yes, enter 2022 annual salary \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Grandparent Ministry Contact Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email: \_\_\_\_\_  
Is this a paid position: \_\_\_yes \_\_\_ no PT\_\_ FT\_\_ If yes, enter 2022 annual salary \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Men's Ministry Contact Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email: \_\_\_\_\_  
Is this a paid position: \_\_\_yes \_\_\_ no PT\_\_ FT\_\_ If yes, enter 2022 annual salary \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Women's Ministry Contact Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Bus: \_\_\_\_\_  
Email: \_\_\_\_\_  
Is this a paid position: \_\_\_yes \_\_\_ no PT\_\_ FT\_\_ If yes, enter 2022 annual salary \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

**Program Demographics-Please indicate the average per event attendance for each of the following:**

Sunday School \_\_\_\_\_ Nursery \_\_\_\_\_  
Preschool thru 5<sup>th</sup> grade \_\_\_\_\_  
6<sup>th</sup>-12<sup>th</sup> grade \_\_\_\_\_  
College & Young Adult \_\_\_\_\_  
Adult \_\_\_\_\_

\_\_\_\_\_ # of teachers

Youth Groups \_\_\_\_\_ Middle School  
\_\_\_\_\_ High School  
\_\_\_\_\_ If this is a combined group

Bible Study \_\_\_\_\_ Children  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Women's  
\_\_\_\_\_ Men's  
\_\_\_\_\_ Adult (co-ed)

Please indicate if you are interested in:

\_\_\_\_\_ Men's Conference  
\_\_\_\_\_ Women's Conference  
\_\_\_\_\_ Marriage Conference  
\_\_\_\_\_ GrandCamp  
\_\_\_\_\_ Youth Events

**Other:**

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: \_\_\_\_\_