

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

Supplemental Diocesan Form-For the Calendar Year 2024

PLEASE TYPE ALL ANSWERS.

Name of Church: _____ City: _____

When the officers of your Vestry or Mission Committee for the year 2024 have been elected or appointed, please fill out this form and return it to Karen Rothenberger at krothenberger@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: _____
Home Telephone: _____ Cell: _____ Bus: _____
E-mail: _____ Term Ending Date: mm ____ dd ____ yy ____

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Home Address: _____
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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 ____

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 5th grade

_____ 6th-12th 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: _____