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:					
Address:Main Telephone:	E-mail:				
Clergy Assistant Name:					
Home Address:					
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Vocational Deacon Name:					
Home Address:					
Main Telephone:	Bus:				
E-mail:					
Sr. Warden Name:					
Home Address:					
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Jr. Warden Name:					
Home Address:	n				
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Parish Administrator Name:		
Home Address:		
Main Telephone:	E-mai	1:
Parish Chancellor Name:		
Home Address:Main Telephone:		
Main Telephone:	Bus: _	
E-mail:		
Communications Contact Name:		
Home Address: Main Telephone:		
Main Telephone:	Bus:	
E-mail:		_
Church Treasurer Name:		
Home Address:		
Main Telephone:	Bus: _	
E-mail:	. 0 :	Term Ending Date: mmddyy
Is your Treasurer a member of the Ves	stry? (y	/es) (no)
Property/Liability/Workman's Com	ın Staff İnsu	rance Contact:
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Home Address: Main Telephone:	Rue	
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Name: Home Address: Home Telephone: E-mail:				
E-mail:		Term Ending Date: mm	dd	yy
For the Following, Complete Children's Ministry Contact	all that apply. Sala	ry information is for non	-clergy or	
Main Talanhana	n	na.		
Home Address: Main Telephone: Email: Is this a paid position: ye	DT - ET	- If 2022	11	
Describe Duties:ye	sno PIFI	II yes, enter 2022 anni	uai salary: —	

Home Address: Main Telephone: Email: Is this a paid position:yes no PTFT If yes, enter 2022 annual salary	
Main Telephone: Bus:	
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Is this a naid nosition: ves no PT FT If ves enter 2022 annual calary	
is the a para position	
Describe Duties:	
Adult Faith Formation Contact Name	
Adult Faith Formation Contact Name:	
Home Address:Bus:	
Fmail:	
Email: self-position:yes no PT FT If yes, enter 2022 annual salary	
Describe Duties:	
Marriage Ministry Contact Name:	
Home Address:	
Main Telephone:Bus:	
Email:	
Email: ro PT FT If yes, enter 2022 annual salary	
Describe Duties:	
Grandparent Ministry Contact Name:	
Home Address: Main Telephone: Bus:	
Main Telephone:Bus:	
Email:	
Is this a paid position:yes no PTFT If yes, enter 2022 annual salary Describe Duties:	
Men's Ministry Contact Name:	
Home Address:	
Main Telephone: Bus:	
Email:	
Email: separate position:yes no PT FT If yes, enter 2022 annual salary Describe Duties:	
Describe Duties:	
Women's Ministry Contact Name:	
Home Address:	
Home Address: Main Telephone: Bus:	
Email: ro PT_ FT_ If yes, enter 2022 annual salary	
Describe Duties: no P1 F1 If yes, enter 2022 annual salary	
Program Demographics-Please indicate the average per event attendance for each of the fo	llowing:
Sunday School Nursery	
Preschool thru 5 th grade	
6 th -12 th 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 three years? Yes	have the Safeguarding God's Children training done so within the last No
Have all employees receiv	ved training in the last three years in harassment in the workplace?
Please indicate if you wou Abuse prevention Harassment prevention	ald like assistance in providing training in:
Has your congregation co Yes No	mpleted and reported to the Diocese an audit for the previous year?
Completed by:	Date:
Davtime Phone Number:	