



**Charge Conference 2017
ADULT/OLDER ADULT MINISTRIES**

Date _____

Church _____ District _____

Name of Person (*primarily responsible for Older Adult Ministries*)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

What is the total membership of your church? _____

What is the percentage of your membership age 60 and above? _____

Please respond to the following questions (***write on back of form if more space needed***):

1. What went well with your local church ministries with older adults this past year?

2. What did you learn about your local church ministries with older adults this past year?

3. What strategies will you be employing this year to further Christian Discipleship among older adults in your community?

How can the Conference Committee on Older Adults better serve your congregation and/or your Older Adult Ministry Coordinator (check all that apply)?

___ Better Communication Training on: ___ Conference Level ___ District Level

Pastor's Name _____ Contact info _____

Revised 7/2017