



THE CENTER FOR
Manifestation

Monthly Ministry Report

Ministry Leader Information

First Name: _____ Last Name: _____
Department: _____ Phone #: _____
Report Date: _____ Email: _____

What is currently going on in your ministry?

What areas of your ministry are you looking to improve?

What is the status of your Links Partner?

Have they finished New Member Orientation? Yes No

Are you keeping in touch with them? Yes No

Special Notes